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Swings and roundabouts...
The making of child injury prevention policy in
Aotearoa New Zealand: An exploration.

A thesis
submitted in fulfilment
of the requirements for the degree
of
Doctor of Philosophy in Sociology and Social Policy for
the School of Social Science
at
The University of Waikato
by
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THE UNIVERSITY OF
WAIKATO
Te Whare Wānanga o Waikato

2019

Abstract

Unintentional injuries (accidents) are a global child health problem. Many child injury prevention measures are proven to be effective, yet government and community focus on prevention waxes and wanes through time and across locations. Within New Zealand some measures, such as child car seats, are mandated and enforced while the provision of other equally effective strategies, such as the enforcement of swimming pool fencing regulation, appears inconsistent.

This research set out to discover what influences the government's adoption of injury prevention policies and programmes. The research analysed interview and case study data using a Foucauldian understanding of everyday practice underpinned by the analysis of interview and case study data, while also applying critical and grounded theory and public policy research. Foucault's concept of governmentality assisted in the exploration of government actions.

The findings demonstrate support for improving child safety from government employees at various levels of responsibility across many agencies. Such support has been provided both with and without endorsement by political decision makers.

Positivist, quantitative research is the foundation of injury prevention science, but at times can have perverse effects, especially if work to count and reduce injury events is construed as an effort to displace valued childhood experiences. Advocacy and lobbying for child injury prevention are acknowledged by those active in injury prevention as essential activities but are not well explored or researched within New Zealand.

Collaboration has long been recommended as best practice for child injury prevention, because it enables wider distribution of messages and better use of resources. This research identified organisational cascades, where backbone organisations provided resources to other organisations, so they could also act as backbone organisations and support collaborative ventures. Collaboration can be counterproductive however, when child safety practitioners and advocates develop strongly coherent identities and reduce their communication with other groups. Such behaviour risks safety groups being unaware of emergent discourse that undermines injury prevention measures and sets them up to be negatively stereotyped and marginalised from decision making.

This research highlights how success at preventing child injuries is contingent upon both positivist research and the presence of a widely accepted safety culture, where the use of safety equipment and safe practices are promoted by everyone as ‘the way we do things’.

New Zealand’s child injury effort has been mostly effective, and injuries are reducing in number. Despite this, there is a risk that gains in child safety might be lost, should there be insufficient recognition of the factors that have been important for these improvements to have occurred. There is also the possibility successful initiatives might prompt their premature demise by fostering an impression that government’s support for unintentional child injury prevention is no longer justified. This research concludes with recommendations for injury prevention practitioners and researchers.

Acknowledgements

This thesis has been in process for some time and those who have helped are too many to mention everyone individually, but all are remembered and thanked.

First, I wish to acknowledge and thank the research participants. Many were colleagues, some acquaintances, some friends. All were generous of their time and knowledge, without which this thesis would not have been written.

Second, thank you to my Supervisors, Maxine Campbell and Jo Barnes, who have been patient when necessary, challenging and insistent when important and always, always encouraging.

Thank you to my husband and our sons who have been supportive of my efforts, providing encouragement, reality checks, laughter, discussion and practical help on so many occasions.

Thank you to Coral Timmins, whose wise words helped so much when I was unsure about continuing. Thanks also to Tim Short and his wife Kirsty Laws whose insistence on honest appraisal and commitment to high standards of scholarship are qualities to be admired and strived for by all undertaking research.

Thanks to the late Dr Carolyn Coggan who helped so many people to believe in themselves, including me, and that all things are possible when you simply 'give it a go and get on with it'.

Lastly, thanks to my late father-in-law, the Rev. Wes Chambers who when asked 'how does someone learn to write', with a smile said to me, "practice". This thesis is the outcome of that advice.

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CHAPTER 1: INTRODUCTION

“The way a society treats its children reflects not only its qualities of compassion and protective caring, but also its sense of justice, its commitment to the future and its urge to enhance the human condition for coming generations” (Barrington, 2004).¹

Injury from accidental causes is recognised internationally as a major threat to child health. In 2011 the World Health Organization (WHO) General Assembly resolved that all Member States take steps to monitor, prevent and reduce the incidence of unintentional injury occurring to children (World Health Assembly, 2011). These steps require decision makers to engage with child injury prevention researchers, practitioners and advocates to put in place policy and legislative measures that have been shown to be effective for preventing injury. The WHO resolution adopts a positivist scientific focus on preventing the unintentional injury of children and states that:

“...multi-sectoral approaches to preventing child injuries and limiting their consequences through implementation of evidence-based interventions have resulted in dramatic and sustained reductions in child injury in countries that have made concerted efforts...” (World Health Assembly, 2011).

Children within New Zealand have been provided with special constitutional protections for some time. There is a Commissioner for Children (New Zealand Government, 2003a) and as a signatory to the United Nations Convention on the Rights of the Child (UNCROC), the New Zealand Government routinely reports to the United Nations on its progress for compliance (Ministry of Youth Development, 2000, 2008). The government also provides a wide range of services to promote child wellbeing, such as subsidized early childhood education; free health care (Ministry of Health, 2000); and in 2007 after long standing action by advocacy groups, the New

¹ Quotation of a statement made by the United Nations Secretary General Javier Perez de Cuellar during the drafting of the United Nations Convention on the Rights of the Child (UNCROC).

Zealand Parliament removed a legal exemption (section 59 of the Crimes Act 1961) that had permitted adults to use physical force when disciplining children (D'Souza, Russell, Wood, Signal, & Elder, 2016; Wood, Hassall, Hook, & Ludbrook, 2008). In 2016 a new Ministry for "Vulnerable Children, Tamariki Ora" was established, a name which in 2017 the incoming Labour led government announced would be changed to the more inclusive "Ministry for Children" (Kenny, 2017).

Such wide-ranging services for child wellbeing might lead observers to consider child health in New Zealand to be exemplary. The reality is that the wellbeing of New Zealand's children is extremely variable, and many problems remain. New Zealand has high rates of child poverty and inequities in children's access to healthcare (Mills, Reid, & Vaithianathan, 2012). In recent years children under State care have been shown to fare very badly for rates of incarceration as adults and educational achievement (Office of the Children's Commissioner, 2015b). Child injury prevention is an area where it is argued more government commitment and action is needed (Bland et al., 2011; Shepherd et al., 2013) and that despite recent improvements, greater efforts are needed to better promote the wellbeing of children in New Zealand, overall (D'Souza, Turner, Simmers, Craig, & Dowell, 2012).

The research

The purpose of this research is to identify and better understand influences on the development and implementation of New Zealand Government policies to prevent unintentional injury of children from birth to 14 years of age. The term 'government' used in this thesis refers to the New Zealand legislature and its public service, using the commonly accepted meaning of government as being the 'supreme authority in a state' (Hindess, 2012). Public policy is defined broadly as 'whatever the government chooses to do, or not to do' (Shaw & Eichbaum, 2011, p. 5). To explore and better understand this topic, a grounded theory approach is used, and the project examines child injury prevention policies at multiple levels, from academic research to ministerial decision making, from officials setting budgets to

those delivering programmes. Published research papers and government documents are examined, as are interview data from individuals working in both government and 'not for profit' organisations involved in child injury prevention. Participating individuals were from senior levels of decision making to the "hands on" delivery of child safety information.

The imperative to describe and explain processes and relationships involved in government is a common motivation for policy research (Tenbensel & Gauld, 2001). My motivation for researching this topic originated during my employment as a policy analyst and advisor in a government organisation funded to deliver child injury prevention programmes. Over this time, I developed an interest in achieving a better understanding of the inter-relationships, influences and outcomes involved in the creation and delivery of child injury prevention policy. These personal experiences shaped my approach to the topic, which is discussed further in the Methods chapter (page 33).

This thesis intentionally adopts an advocacy position and incorporates normative assumptions about how to best care for children. There is an inherent assumption that it is morally correct and valuable to keep children healthy, safe and alive. This position is embedded prior to any discussion of how to keep children in this state. This explicit articulation of intent for an outcome 'that is better' (than the existing state of affairs) aligns closely with critical theory (Creswell, 2007).

Charmaz (2011) considers qualitative method (and grounded theory in particular) well suited for research involving critical theory and social justice issues. Charmaz describes this as research which begins with an explicit values stance and 'includes an agenda for change' (in Denzin & Lincoln, 2011, p. 359). Grounded theory is an ideal tool for a critical theory approach because it permits the upfront declaration of values. In an earlier paper they state:

"Critical theorists place their epistemological and political baggage on the table... Whereas traditional researchers cling to the guard rail of neutrality, critical researchers frequently announce their

partisanship in the struggle for a better world” (Denzin & Lincoln, 1998, p. 264).

Post-positivist researchers advocate identifying research questions and describing methodologies because (they argue) this helps to provide disclosure of the choices made to explore the subject and presentation of the research conclusions. Such disclosure is described as ‘best practice’ because it provides opportunity for research findings and outcomes to be contrasted with competing methods of analysis and viewpoints. Research aims and questions are described in the following paragraphs and a full explanation of the research protocol is included in the methodology section (Greenhalgh, 2001; Ritchie & Lewis, 2003).

Using this methodology, this thesis sets out to explore the following research aims and attempts to address the following questions:

Research aims

1. To describe and explore themes individuals working in child injury prevention identify as important for influencing government decisions about the development and implementation of policies, programmes and projects intended to reduce the incidence of unintentional child injury.
2. To use major theoretical frameworks from injury prevention, Foucault’s studies on Governmentality and public policy theory to analyse data from interviews and demonstrate how New Zealand’s policy environment conforms or contrasts with these concepts.

Research questions

1. Who sets the government’s child injury prevention agenda?
2. How are government resources committed for injury prevention policies, programmes and projects?
3. What information and research about child injury is provided to government and how does this influence decisions?

4. Do specific high-profile events influence the development of child injury prevention policy?
5. Can common influences be identified through the thematic analysis of interview data from individuals experienced in the field of child injury prevention as well as case study charting the repeal of the Fencing of Swimming Pools Act (1987)?
6. How is it that government commitment to child injury prevention appears to wax and wane, and why are some policies adopted, while others languish?

Child injury prevention – Background

Injury prevention as science and community

This section briefly reviews the global development of injury prevention research, organisations and programmes.

‘Accidents happen’ is a familiar homily. After this homily arises the idea that although accidents might just ‘happen’ they are both predictable and preventable. This idea has become pervasive within society and is not without controversy, yet the science of the predictability of accidents and the preventability of injury has created industries, shaped organisations and engaged communities.² It has also saved countless lives (Haagsma et al., 2015; B. Johnston, 2016; McClure, Stevenson, & McEvoy, 2004).

The field of injury prevention had its origins within medical disciplines, with public health in particular providing a focus on the reduction of population level incidences of injury and trauma through the delivery of evidence based programmes (Bugeja, Ibrahim, Ozanne-Smith, Brodie, & McClure, 2012; Green, 1999). The injury prevention field is not alone in its focus on preventing trauma and accidental death. Academics and practitioners in such diverse areas as the airline and insurance industries; occupational health and safety; water safety; fire prevention; local government and road safety publish research in specialist journals and promote the funding and

² See Chapter Six: Perceptions of safety and supervision.

implementation of programmes to reduce the incidence of preventable trauma (McClure, Stevenson, & McEvoy, 2004).

The terms 'safety' and 'injury prevention' are often used interchangeably, despite their semantic difference. Safety is a state of being safe, or freedom from harm or danger, whereas injury prevention is the effort to prevent or reduce the severity of injuries before they occur. Safety is claimed as a human right, whereas injury prevention is an individual and collective effort to achieve (or provide) safety.

Green (1999) traces the emergence of injury prevention as a distinguishable field of enquiry from 1862 when United Kingdom's first Registrar General classified causes of death due to accidents differently and separately to the occurrence of death attributed to intentional violence and natural causes (Green, 1999, p. 27). Public awareness of accident prevention, and the rejection of the occurrence of what were seen as 'preventable deaths' was noted by the sociologist Vivienne Zelizer (1985) who described how during the 1920s thousands of people protested with street marches and outcry at the needless deaths of children hit by motor vehicles as they played in America's streets.

Research into preventing death and injury on the road provided major advancements in the establishment of safety as science. In 1966 Dr William Haddon was appointed as the first administrator of the newly created USA National Traffic Safety Agency, which in 1970 became the National Traffic Highway Safety Administration (NTHSA). This organisation established the first safety standards for motor vehicles, which required the mandatory installation of airbags and seat belts, both of which caused great controversy at the time (Waggoner, 1985). William Haddon developed the Haddon Matrix as a method of research into accident causality and emphasised the need for the disciplined and consistent use of the scientific method when researching ways of preventing accidents (Haddon Jr, 1968). Injury prevention practitioners were encouraged to adopt systematic and disciplined approaches to research and programmes. The "3 Es" approach was promoted, where programmes and initiatives to prevent unintentional

injury are categorised as requiring change (or effort to make change) within the one or more of the fields of Engineering, Environment or Enforcement. This model was later adapted to include Education as the fourth "E" (Peden et al., 2008).

In 1995 the first edition of the bimonthly BMJ journal 'Injury Prevention' was published.³ The journal and its editorial board provided an international focus for ongoing academic work in the field (Williamson, Hayes, & Pless, 2015). Since then injury prevention has steadily developed as a multidisciplinary academic community drawing from acute medicine (including emergency medicine, intensive care and trauma surgery), public health medicine, law, statistics, epidemiology, occupational health and road safety engineering. Agencies such as the World Health Organisation (WHO), Centre for Disease Control and Prevention (CDC) and the Royal Society for the Prevention of Accidents (RoSPA) have supported and promoted injury prevention through hosting biennial world conferences and funding both research and prevention programmes (Williamson et al., 2015).

Injury prevention researchers and practitioners have focussed on achieving shared understanding of the terminology used in their field. During the 1980s the French sociologist Michael Foucault drew attention to the importance of how language is used and since there has been widespread acknowledgment that the shared use of language is important for providing and reinforcing collective identities (Jørgensen & Phillips, 2002).

The term 'accident', early researchers suggested, describes an unforeseen (and usually uncontrolled and damaging) event involving the transfer of energy from one object (or body) to another. The adverse outcome of an accident, for a human or animal, is usually referred to as injury or trauma. In this interpretation it is accepted that accidents will happen, but injuries are often avoidable (Haddon Jr, 1968; McClure, Stevenson, & McEvoy, 2004). Initially the terms accident prevention and injury prevention were

³ The BMJ (formerly the *British Medical Journal*) is a company providing peer reviewed journals and educational resources for international medical and research communities.

used interchangeably, but after debate some practitioners decided the term 'injury prevention' was preferred. This was on the basis that a scientific approach emphasises the predictability of injury and therefore the potential for prevention. In contrast the word accident, it was argued, unhelpfully infers randomness and inevitability. Not all agreed with the abandonment of the word accident, as a sole focus on prevention was thought to include an undesirable innuendo of blame (Girasek, 1999). Despite these concerns the word 'accident' was barred from use within the BMJ Injury Prevention Journal and conferences (Davis & Pless, 2001).

The term 'safety' has also been the subject of discussion through international collaborations sponsored by the World Health Organisation (WHO), the Quebec Ministry of Health and the Karolinska Institute (Stockholm, Sweden). Safety has most frequently been described as "the absence of injury events that can be counted and measured" then secondly "the perception of safety" (Nilsen et al., 2004, p. 71). Although safety is a non-material concept, its definition lends it to reification and quantification and it is sometimes argued there might be 'too little' or 'too much' safety (McClure, Stevenson, & McEvoy, 2004). This definition means safety is a social phenomenon that requires individuals to hold internal feelings and understandings of "being safe". Nilsen suggests feelings and understandings about safety can be aggregated to the macro level and when positive attitudes to safety are observed within a group, community or society, a 'safety culture' can be said to exist (Nilsen et al., 2004).⁴

Injury surveillance is the practice of defining the phenomenon of injury as objective reality and measuring its incidence and rates within populations (McClure, Stevenson, & McEvoy, 2004). Accurate surveillance has been encouraged by injury prevention academics and advocates (Girasek, 1999), yet the process of counting injury events has not been without controversy and debate. In 2003 Langley and Brenner presented the challenges inherent within Haddon's definition of injury to a conference called the 'International Collaborative Effort on Injury Statistics'. They observed how

⁴ The concept of a safety culture is discussed more fully in Chapter 6.

the use of the International Classification of Disease manual (IDC9) used by governments to measure the incidence of injury provided very specific and sometimes unrecognised bias toward or away from certain injury events, such as bias toward recording fractured bones and away from psychological trauma and late effects (such as liver failure), which may occur weeks after, for example a poisoning event. This presentation drew attention to the importance of recognising that even the most stringent attempts to objectively define and count 'injury phenomena' are subject to interpretation and bias (Langley & Brenner, 2004).

The application of positivist science to injury prevention was not confined to surveillance and the production of epidemiological reports. Haddon Jr also emphasised the need for scientific research into injury prevention interventions.⁵ Providing evidence-based injury prevention also relies upon a step by step process. This starts with the development of best practice injury incidence surveillance. Next is the development and testing of interventions for effectiveness, and then the publication of these as best practice guidance to enable their introduction and implementation as policy and programmes. Under this model further surveillance provides a feedback loop to ensure injury reduction goals are achieved (MacKay, Vincenten, Brussoni, & Towner, 2006; McClure, Stevenson, & McEvoy, 2004). This systematic, step by step method (described as a public health approach) has been successful for identifying interventions, although delays in translating published research into policy (and programmes) have confounded many practitioners who have also turned to sociological and public policy theory to overcome barriers to implementation (Bugeja, McClure, Ozanne-Smith, & Ibrahim, 2011; Smithson, Garside, & Pearson, 2010).

⁵ Injury prevention academics have applied research to identify the most effective strategies for preventing injury. Passive measures (such as traffic calming devices that slow vehicle speeds) are recommended as more effective than 'active' strategies that require the intervention of a person to ensure child safety (such as a person writing tickets or advising motorists to 'slow down'). Advising people to 'supervise their children was found to be relatively ineffective for preventing home swimming pool drownings, whereas the introduction of mandatory fencing around home swimming pools resulted in a dramatic reduction in drownings (McDonald, Taylor, Carter, & Ward, 2004; Peden et al., 2008; Peden et al., 2004).

The injury prevention community have not been alone in puzzling about how to better link findings from science with government policy. In 2009 the New Zealand Prime Minister created a Prime Minister's Science Advisory Committee, which has hosted seminars, conferences, published papers and made recommendations for improving the link between published research and the development of policy (Gluckman, 2013).

Promoting the adoption of positivist scientific findings by government agencies is not seen as the whole answer for effective injury prevention. Researchers and commentators in the field also place importance on promoting the development of a safety culture through widespread agreement of goals to promote safety and reduce preventable injury. This has been coupled with the promotion of collaboration across communities and groups with the agreed intention of achieving better outcomes and reduced injuries.

Since the emergence of safety promotion and injury prevention as WHO supported fields of research, advocacy has been directed at governments (both national and municipal) to encourage them to promote safety and adopt injury prevention programmes. This has stemmed from an awareness of disparities between groups and countries, where patterns of injury differ, and those with fewer resources usually demonstrate disproportionately higher rates of preventable injury (Baker, 2010). Comparisons of how well governments deliver injury prevention for their populations has been profiled through the publication of standardised, comparative inter-country league tables and 'Report Cards' (MacKay & Vincenten, 2009; UNICEF Innocenti Research Centre, 2001).

The acknowledgement of differences in the capacity of some communities to reduce the numbers of injuries occurring in their populations has generated interest in achieving government investment for preventing child injury. This occurs through the adoption of legislation and policies, the allocation of budgets and the implementation of programmes within communities (Johnston, 2011; Lyons et al., 2013). In 2007 the World Health Organisation published a Guide for Ministries of Health seeking to

implement injury prevention programmes (World Health Organisation (WHO), 2007) and The USA's CDC (Centre for Disease Control) has published advice on how injury prevention advocates might influence both the public and government decision makers (2008). The United Kingdom's National Institute for Clinical Excellence (NICE) has also published best practice advice on how to influence government and achieve policy change for improved injury prevention (2010).

New Zealand's academic communities have contributed to injury prevention at an international level. The Injury Prevention Research Unit (established by Professor John Langley in 1990), the University of Waikato's Department of Societies and Cultures (Drs David Swain and Maxine Campbell) and the University of Auckland's Injury Prevention Research Centre (established by Dr Carolyn Coggan) have many research projects and publications in the field. In 2004, Dr Coggan established the Safe Community Foundation of New Zealand to further support the development of internationally recognised Safe Communities and in 2012 hosted a successful World Injury Prevention Conference in Wellington (Coggan & Kruig, 2012). During the 1990s and the first ten years of the 21st century, injury prevention grew and developed as a science and community, with New Zealand providing an important contribution.

Child injury prevention in the international context

"A million families lose a child to a preventable injury every year around the world. Too many families don't have access to the information and resources they need to keep their kids safe from tragedies such as drowning, car crashes, fires and falls" (Safe Kids World Wide, 2017).

Child injury prevention has achieved global recognition as a field within injury prevention. Researchers, advocates and practitioners involved in child injury prevention focus on injury events of children aged between 0 and 14 years of age and on research and programme delivery aimed at reducing these (Peden et al., 2008). Protecting children from unintended injury is presented as an ideal normative values position, a good and useful

activity. The ideal promoted within the field of child injury prevention asserts that measures advocated must be consistent with the WHO definition of health, which describes health as being “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”.⁶ Under this definition, for example, it is not acceptable to prevent children from drowning by preventing them from experiencing water environments, rather children should fully experience and enjoy aquatic activities while (through the application of injury prevention science) they are protected from the adverse outcome of drowning (Peden et al., 2008, p. 72).

That children should be protected from injury was identified as one of their human rights in the 1989 United Nations Convention of the Rights of the Child (UNCROC); Article 19 states:

“States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation... (United Nations General Assembly, 1989).

This statement asserts it is imperative for individuals, governments and the wider society to do their best to prevent children from experiencing trauma, abuse, neglect and injury. The UNCROC document establishes child safety as a 'child rights' issue and as such is widely and well understood to be a statement of claim, or legal argument (Dworkin, 1978). Upholding (and protecting) an agreed human right is also seen as a morally justifiable action (Alderson, 2012). Governments are expected to fulfil the role of protecting and promoting this right on behalf of children as a legally endorsed ‘values position’. This incorporates an assumption that government decision-makers and community leaders will (and should) seek, wherever possible,

⁶ This is the preamble to the Constitution of the World Health Organisation as adopted by the International Health Conference, New York, 19-22 June 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and was enacted on 7 April 1948.

to implement programmes that have been proven to prevent unintentional child injury and death.

Despite the UNCROC agreement, there are considerable and well reported inter-country differences in the numbers of children killed or injured due to preventable trauma, which are associated with differences in the adoption of child injury prevention policies. Consequently, child advocates have called for research that explores and describes the influences (determinants) and processes involved when public resources are required for preventing accidental (unintentional) child injury. Little research has been published on this to date (Lyons et al., 2013; MacKay & Vincenten, 2010).

The publication of the first World Health Organisation and UNICEF World Report on Child Injury Prevention was a crucial step toward acknowledgment of child injury as an global issue (2008). The report identifies the occurrence of unintentional injuries to children as a global public health problem and provides recommendations for developing child injury prevention programmes. In summary, these were to:

1. Integrate child injury into a comprehensive approach to child health and development
2. Develop and implement a child injury prevention policy and plan of action
3. Implement specific actions to prevent and control child injuries
4. Strengthen health systems to address child injuries
5. Enhance the quality and quantity of data for child injury prevention
6. Define priorities for research and support research on the causes, consequences, costs and prevention of child injuries
7. Raise awareness and target investments towards child injury prevention.

The WHO website lists many international and regional child safety organisations working in child injury prevention, these include the United Nations Children's Fund (UNICEF); the International Society for child and Adolescent Injury Prevention (ISCAIP); Safekids Worldwide; The Alliance

for Safe Children (TASC); the European Child Safety Alliance and the Child Accident Prevention Foundation of Southern Africa (CAPFSA). Child injury prevention is now firmly established on the world stage.

Child injury prevention in New Zealand

Unintentional child injuries have long been noted as a problem in New Zealand. In 1982 a Government Board of Health Report stated that “accidents were one of the most important issues for child health” and that “accidents kill almost as many preschool children as all other diseases combined” (1982, p. 6). Injuries from accidents in all circumstances were noted as common, especially those happening around the home. Concern about these injuries led the government to establish (that same year) the Home Safety Council, which was a group provided with the mandate to investigate home accidents and publish advice for avoiding such events (Bryder, 2003, p. 223).

The New Zealand Government has sometimes been slow to adopt child injury prevention measures, waiting decades before implementing measures to prevent and reduce the severity of unintentional harm to children. In 1983 Ministry of Transport officials advised government that serious injuries occurring while children were travelling as passengers in cars were happening in higher numbers in New Zealand than in similar overseas jurisdictions. To reduce these incidents, government was advised child car occupants needed to be restrained in specially designed car seats until they reached a height of 148cms, or approximately eleven years of age (Appleton, 1983). Despite the advice these measures were required, and that educational and rental programmes were ineffective for motivating car seat use in high risk populations, a law requiring the mandatory use of child restraints for children younger than five was not passed until thirteen years later, in 1996. A second law, that increased the age of mandatory use of child restraints until six years of age (inclusive) was not passed until thirty-nine years later (in 2012) and was only achieved through the sustained lobbying of child safety advocates such as Plunket, community groups and paediatricians. This law, although an improvement, still does not match

longstanding car manufacturer recommendations for the use of child car seats until children reach the recommended height (Bridges, 2012; Bryder, 2003; Klinich, Pritz, Weltry, & Burton, 1994).

In 1993 the New Zealand Government ratified UNCROC and since then the Office of the Children's Commissioner and the Ministry of Youth Development have provided regular reports to the UN Committee about the New Zealand Government's progress protecting and advancing those rights (Ministry of Youth Development, 1995, 2000, 2008; United Nations General Assembly, 1989).

Also, in 1993 the high rate of preventable child trauma admissions to the Auckland children's hospital (at that time called Children's Hospital Pacific) prompted a committee to report on the patterns of injury for children aged younger than fifteen in the Auckland Region. Interestingly (in contrast to present day access to data) the Committee noted that reliable data on child injury were only readily available from 1991 and prior to then could only be accessed with considerable effort (Lane, 1993). A similar report seven years later found the same causes of injury death and hospitalisations were persisting; these were motor vehicle (pedestrian, vehicle occupant and cyclists); suffocation of children younger than one and drowning. Kypri (et al) commented:

"A number of existing strategies show promise (e.g. child restraints) others are inadequately implemented (e.g. swimming pool fencing) or are of unknown efficacy (e.g. government suicide prevention policies). Strategies to reduce infant suffocation and child non-traffic pedestrian death remain to be developed and tested" (Kypri, Chalmers, Langley, & Wright, 2000).

Safekids New Zealand was established in 1994 as a specialist child injury prevention service based at the newly opened Starship Children's Hospital, with funding from the Auckland Hospital Board (now the Auckland District Health Board) and the Ministry of Health (then known as the Health Funding Authority). Based on the model of an American child injury prevention

organisation (Safekids USA) the idea to set up a New Zealand Safekids was advanced by Paediatric Surgeon, Anne Colby and Paediatric Intensivist, Elizabeth Segedin (Teague, 2014). Safekids adopted a similar operating model to Safe Kids World Wide, where emphasis is placed on establishing a positivist scientific base through strong links to the medical community coupled with collaboration with other agencies and engagement with the wider public. In 1995 Safekids (in conjunction with a hundred collaborating individuals and organisations) published a five-year strategic plan which listed ten priorities for child injury prevention in Auckland, the first of which was 'creating a child safe culture' (McCracken & Kokotlio, 1995). Safekids has been funded by the Ministry of Health since, with a change of contract and name in the mid-2000s requiring the service to provide information and support for child injury prevention initiatives nationally.⁷

In 2000 the University of Auckland Injury Research Centre and Otago University's Injury Prevention Unit jointly prepared a report called "A proposed strategy for vote health funding for injury prevention". The report identified twenty-four separate government agencies directly involved in child injury prevention and commented there "is an urgent need for leadership and co-ordination" and that the number of different agencies separately dealing with this issue in isolation from each other "illustrated the point" that more leadership is required. (Coggan, Langley, & Dawe, 2000, p. 25). This concern appeared warranted when in 2001 a UNICEF report was released which ranked New Zealand 22nd out of 26 OECD countries, better only for preventing unintentional injuries to children than South Korea, Mexico, Portugal and the USA (UNICEF Innocenti Research Centre, 2001). Public calls for improvement in injury prevention policies and programmes were repeated in media releases and published statements by organisations including Plunket, Safekids and Water Safety New Zealand (2005; 2002a).

⁷ Safekids is currently called 'Safekids Aotearoa New Zealand' and is discussed further in Chapter Seven – Advocacy and Lobbying.

In 2004 the Paediatric Society of New Zealand established the Child and Youth Epidemiology Service (C&YE Service) for the express purpose of providing better descriptive epidemiological reports on New Zealand's child health. Child injury was included as an important contributor to child mortality and morbidity, particularly noting the presence of a social gradient showing injury rates are significantly higher for children from families with lower incomes, and Maori and Pacific families (Craig, 2012).

One initiative to improve child injury mortality reporting was the establishment of the Child and Youth Mortality Review Committee (C&YMRC or the Committee) under the Health Act (2000). This committee reviews causes of the deaths of children and youth aged 28 days to 24 years in 'order to find ways to prevent such deaths in future' and reports directly to the Minister of Health (Child and Youth Mortality Review Committee, 2004). The Committee was established against the backdrop of changes to the New Zealand Coronial Service which, although also charged with investigating deaths and determining cause, was considered in crisis (Law Commission Te aka matua o te ture, 2000). In 2006 new legislation established a national coronial service and introduced full time, professional coroners, reducing a backlog of cases and improving the responsiveness of coronial services (New Zealand Government, 2006).⁸

In 2011 the New Zealand Government's uptake and implementation of child injury prevention policies was assessed with a report which duplicated international methodology. This showed New Zealand scored at the average in comparison to a range of European countries. The study was repeated in 2013 and the results showed little change (Bland et al., 2011; Shepherd et al., 2013).

Despite this apparently lacklustre government delivery of child safety programmes, child injury rates in New Zealand have been falling. In 2015 a Safekids Aotearoa NZ report showed there has been a significant and sustained decrease in the number of both child death and hospitalisations

⁸ The establishment of the C&YMRC and National Coronial Service is discussed in greater detail in Chapter Three, Power - in "The changing face of death review in New Zealand" page 87.

due to injury during the period of 2001 to 2015. For example, there were only 38 injury deaths in 2013, reduced from 126 in 1989. It was noted that by 2015 suffocation had overtaken traffic injuries as the leading cause of child death from injury.⁹ Child injury hospitalisations were also reduced from a rate of 1101.1 per 100,000 in 2001, to a rate of 826.3 per 100,000 in 2012. Reasons for these improvements are not completely clear. The Safekids report noted:

“It is increasingly recognised that improving child safety is a more complex problem than previously recognised. Rather than an over reliance on ‘tame’ or ‘simple’ solutions effective child injury prevention requires dynamic solutions that address the complex contexts in which children are injured. As such, multifaceted interventions are effective in reducing injury; or showing promise” (Safekids Aotearoa, 2015a, p. 21).

Despite this recognition that the prevention of child injury is complex, a front-page media story of the day confidently announced that New Zealand was at last becoming a safer place for children (Johnston, 2016a).

Thesis Roadmap

This section provides an overview of each chapter of the thesis.

Chapter two is in three parts. The first part overviews the theories underpinning the applied methodologies. These include grounded and critical theories, the Foucauldian research approach, case study methodology and participant observation. The second part describes the methods used to collect and explore the research data. Data collection was through in-depth interviews, participant observation and one case study. Data exploration and analysis was undertaken through thematic analysis. The final section of this chapter summarises the results of the thematic analysis, identifying the emergent themes: power, funding, collaboration,

⁹ The 2015 suffocation total included cases of ‘Sudden Unexplained Infant Death’ or SUDI, which had previously been counted separately.

perceptions and advocacy. The next chapters look at these themes in greater detail.

The most dominant theme that emerged from the research data was that of 'power', which is discussed in chapter three. A Foucauldian approach, modelled on the writing of French sociologist Michael Foucault, was used to examine the fine grain of the workings of power within public sector institutions and the actions of the people within them (Downing, 2008; Hindess, 2012). This approach involved looking at both the broad scope and higher levels of government institutions and then drilling down into the detail of unpublished documents to explore everyday actions and decision making. Interview participants included individuals who held positions of power within organisations and those who are traditionally seen to have less power but whose actions, on a day to day basis, have significantly contributed to improving child safety.

Chapter four explores the social value we place on children and difficulties research participants reported when they were attempting to find resources for delivering child safety programmes. It presents an overview of the sociological literature on the value of children and briefly touches on common methods employed by government agencies to value human life. The chapter concludes with a discussion of how these understandings and methodologies might create challenges for those promoting child safety programmes.

Chapter five presents the theme of collaboration which (alongside the theme of power) emerged as a significant theme throughout the research data. Collaboration includes sharing information and resources, the joint development of public messages, and the co-ordinated delivery of projects and programmes. Collaborative activities were undertaken within and between government agencies, between government agencies and non-government agencies, voluntary organisations and individual members of the public.

Kania and Kramer's (2011) model of different types of collaborations is used. This provides a typology of collaborations and identifies the significance of 'backbone organisations'. A pattern was discerned in the data which indicates the presence of a collaborative 'cascade', wherein through their contracts, backbone organisations actively require smaller organisations to collaborate, who in turn require others to collaborate.

Research participants also discussed situations where collaboration failed, identifying factors they believed contributed to such failures. These included the presence of competitive behaviour, unclear boundaries, conflicting responsibilities, lack of fidelity to process and poor alignment between funding and goals. Despite these issues, the chapter concludes with an acknowledgement that collaboration has been at the heart of injury prevention and is considered best practice.

Chapter six covers two important and complex themes, perceptions of safety and supervision. These are themes that traverse both public and private discourse. They include observations and comments about the ways safety and safety advice is discussed and responded to, in public and within the private sphere of parenting. Injury prevention workers, researchers and advocates promote the adoption of a safety culture, while at the same time emphasising the need for positivist research that counts and quantifies injuries, reifying safety into something that can be counted and measured. This sets the ground for debates about 'how much safety' is 'good' or 'bad' for children. Safety and risk are related topics which abound with complexity.

In addition to normative and moral arguments about caring for children there are public and private debates about perceived 'trade-offs' between safety and other societal goals. These debates not infrequently invoke hostile attacks and defensive responses. The identification and exploration of barriers to the adoption of injury prevention measures are also discussed in this chapter.

Chapter seven examines how interview participants discussed ‘advocacy’ and ‘lobbying’ for child safety policies and programmes, along with associated literature. Advocacy and lobbying are poorly defined in the literature, and the participants used the terms interchangeably and infrequently, but none-the-less considered them activities that were important for advancing child safety. Because they were discussed in ways distinct from other activities they emerged as separate themes within the data.

Participants described advocacy and lobbying as actions taken to advance child safety, yet many actions promoting child safety were referred to without being attributed to either term. Activities to advance child safety were said to be undertaken by individuals, groups and organisations that were both inside and outside of government.

Advocates and lobbyists seek to shape public discourse about child safety which in turn influences social attitudes to safety. Such discourse frames the issues and can create a safety culture, or conversely generate challenges to safety measures. The dominant discourse (or hegemony) exerts a power that can encourage change in the direction favoured by those who promote it.

The case study presented in chapter eight describes and explores the New Zealand Government’s legislative measures requiring the fencing of home swimming and spa pools. Events around the Fencing of Swimming Pool Act’s repeal and replacement with the widely criticised Building (Pools) Amendment Act (2016a) are described (Davidson, 2016; Te Ururoa Flavell & Fox, 2016).

The persistence of discourse opposing the fencing of swimming pools is identified and linked to the introduction of policy to remove such requirements, retrenching child safety measures even against the advice of government agencies. Prevailing discourse about child safety and the policy changes removing pool fencing are linked to a market orientated ethos permeating policy making at the time, where industry interests are advanced

and promoted and social goals and community input are marginalised. The case study demonstrates how, just as groups collaborate to promote child injury prevention measures, others can collaborate to reduce them.

Chapter nine links themes that emerged from the interview data and processes and behaviours noted in the case study, to Foucault's conceptualisations of governmentality and discourse (including the more recent concept of framing). Public policy and public health theory were also used to demonstrate how child safety becomes manifest in everyday actions of New Zealand government and society. Analyses of the interview and case study data are acknowledged as being bounded by participant and researcher knowledge, experiences, perceptions and interpretation.

Chapter ten draws the various strands of the project together, weaving an understanding of the pathways that present possibilities for the enhancement of child injury prevention, but also seeking to explicate the complexity faced by individuals, organisations and agencies in their endeavours in this regard. Child injury prevention has been a discourse driven by both government and communities. The factors that have led to success in reducing the numbers of child injuries can also create oppositional activities.

Chapter ten, and this thesis, conclude with two sets of recommendations, one for those who work to optimise child injury prevention and the other for those who might wish to extend our understandings of this field through further research.

CHAPTER 2: THEORY, METHODOLOGY, THEMES

This chapter is in three parts. The first section briefly overviews the theories that under-pin the methodologies used by grounded theory and critical theory. This is coupled with a Foucauldian research approach which focusses the researcher on the experiences and everyday actions of research participants, including child safety discourse. Case study methodology was used to describe the retrenchment of New Zealand child drowning prevention policy. While the research is most closely aligned with post-positivism, there is also acknowledgment of the contribution of the strongly positivist science underlying much of the child injury prevention literature.

Consistent with a Foucauldian approach, literature reviews went beyond standard searches and include unpublished government papers, web sites, media and other 'grey' (unpublished) documents located in archived files and retrieved through requests under New Zealand's Official Information Act (1982).¹⁰ The researcher's personal and professional involvement in the field of child injury prevention was also considered relevant to the methodology and is discussed in the context of the researcher being an 'insider' in the 'middle' of the research field (Breen, 2007).

The second section describes the methods used to collect and analyse the data, which included reflective commentary from in-depth interviews with fifteen individuals experienced in the delivery of government and local government child safety programmes. This information was subjected to thematic analysis. Grey literature and case study material were also included in the analysis.

The third (and last) section of this chapter introduces the themes which emerged from interview data and research materials.

¹⁰ 'Grey literature' includes documents issued by government agencies, academic institutions and other groups, which are not published through a publishing house or in a journal. These include reports, discussion papers, technical notes, newsletters, theses, bulletins, fact sheets, conference proceedings, blogs and other documents (USLegal.com., 2018).

Grounded, qualitative and post-positivist research

Grounded theory was proposed by Glaser and Strauss in 1967 and has steadily gained acceptance as a research method. A grounded theory approach provides for a loosely structured research design that permits theoretical ideas to emerge empirically from the field during the course of the study, leading Charmaz to also describe it as a 'method of social scientific theory construction' (Denzin & Lincoln, 2011, p. 360). Grounded theory is a qualitative methodological approach, which is differentiated from quantitative research methodology by the ways in which the researcher views and understands the nature of reality and how the research process is carried out.

Grounded theory is inductive, permitting researchers to generate understandings of whole systems and environments where information available on the subject is diffuse, multi-factorial and includes few (or no) overarching (or discrete) testable theoretical hypotheses. It is useful for exploring research questions such as 'what's going on here' (Stol, Ralph, & Fitzgerald, 2016). Such research methods set out to discover 'the why' and are said to fulfil an important role "when the variables to be studied are poorly understood, ill defined, and cannot be controlled" (Greenhalgh, 2001, p. 169). Grounded theory provides a research process where the researcher actively interacts with the research environment in an iterative, backward and forward way, seeking to draw a conclusion from this interaction (Denzin & Lincoln, 2011). Because of these characteristics, grounded theory is a particularly suitable methodology for exploring the complexities presented by the topic of child injury prevention policy.

Both grounded theory and qualitative research are part of the constructionalist approach, which has a long and well accepted history of contribution to research. Berger and Luckmann's landmark book "The Social Construction of Reality" (1966) heralded a shift toward qualitative research, but a shift that took decades to unfold and for qualitative methodology to become accepted and embedded into mainstream academic activity. Holstein and Gubrium describe how the constructionalist

approach began to slowly impact and shape research methodologies, guiding research interpretation and application (Denzin & Lincoln, 2011, p. 341). Growing acceptance of the constructionalist approach has led to its incorporation and acknowledgment within many research fields, resulting in it being identified as an inclusive, broad church interpretation of research theory; a “mosaic of research efforts with diverse, but also shared philosophical, theoretical, methodological, and empirical underpinnings” (Holstein and Gubrium in Denzin & Lincoln, 2011, p. 341).

In addition to embracing qualitative and constructionalist methodology, this thesis includes positivist, epidemiological research in order to demonstrate the circumstances and incidence of unintentional child injury (McClure, Stevenson, Ameratunga, & McEvoy, 2004). Positivism and quantitative research require the researcher to undertake a formal process of constructing and testing hypotheses through identifying, defining and measuring variables (the deductive method). At the heart of positivism is the assumption of objectivity and the impartiality of the researcher (Coolican, 2004). Positivist science argues that “objective accounts of the real world” can be given and focuses upon the careful identification and quantification of variables (Denzin & Lincoln, 2011, p. 15).

The positivist and quantitative orientation within injury prevention is not coincidental. Over the past twenty years much of the published child injury prevention research has been led by academics in fields such as medicine (trauma surgery), engineering, statistics and epidemiology, all of whom are trained in positivist research methodology. Furthermore, the entire founding Editorial Board of the BMJ Injury Prevention Journal came from backgrounds in positivist fields of surgery, epidemiology and paediatrics. Those academics pursuing research into the prevention of child injury have mostly focussed on the positivist scientific method, and in doing so placed themselves in the best position to gain grants and resources, while delivering work in line with mainstream academic critique (Denzin & Lincoln, 1998, p. 216).

Alongside this positivist orientation within the injury prevention field there has been an acknowledgment of the need to ensure injury prevention research has a broad academic base. In commentary reflecting on the history of 'injury prevention science' Mike Hayes, a member of the original Injury Prevention Journal's editorial board, commented,

"To be effective.... the journal (Injury Prevention) must strive to be relevant beyond those trained in public health and medicine..."
(Williamson et al., 2015).

Positivism, despite its prevalence and acknowledged contribution to science, has well acknowledged shortcomings. Medical research journals, even those considered bastions of positivist research, have begun to more routinely incorporate papers using qualitative methods in order to provide new perspectives and learning (Greenhalgh, Russell, & Swinglehurst, 2005).

Positivist research has well recognised shortcomings for exploring complex environments and the growing acceptance of qualitative research methodology, coupled with the emergence of constructionalism has seen the development of what is referred to as the 'post-positivist' approach. This approach places qualitative research within the context of wider, positivist 'scientific' research, with authors working within this paradigm describing qualitative research as providing the best tools to provide explanations that could not otherwise be achieved through the identification and counting of variables (Greenhalgh, 1999).

The post-positive approach is said to differentiate itself from other qualitative research paradigms or world views (such as social constructionism and ethnography) because of the manner in which the researcher includes descriptions of the methods that have been used, as well as explicitly accepting and including the presence of contesting paradigms (Creswell, 2007).

When a researcher explores the philosophical assumptions that lie behind their research method, sets out discrete methodological steps and

acknowledges the existence of alternative interpretations, that researcher can be 'placed' within the overall context of a post-positive paradigm. Post-positive qualitative methodology defines a research topic and carries out qualitative investigation (such as in-depth interviews, case studies and document examination) using an explicitly described methodology within the 'bounded' confines of a topic (Weible, Heikkila, deLeon, & Sabatier, 2012).¹¹

Greenhalgh (2001) spells out how the post-positivist researcher, when using this methodology, is seeking 'to uncover the truth out there' as an objective reality. Yet it is this very singular idea of a "truth" being a definitive, testable reality waiting to be discovered and uncovered by the researcher, that is largely rejected by the constructionalist view point and earlier proponents of grounded theory, such as Kathy Charmaz (Denzin & Lincoln, 2011).

Qualitative methodology that does not require the structured approach required by most positivist researchers, or the assumption of objective reality, is now also integrated into mainstream research. Its many variations have long been subject to debates and challenges about what it is, and how it should be conducted (even among its proponents).

"Qualitative research is an interdisciplinary, transdisciplinary, and sometimes counter disciplinary field. It cross-cuts the humanities, the social sciences and the physical sciences. Qualitative research is many things at the same time. It is multi-paradigmatic in focus. Its practitioners are sensitive to the value of the multi-method approach. They are committed to the naturalistic perspective and to the interpretative understanding of human experience. At the same time the field is inherently political and shaped by multiple ethical and political positions" (Denzin & Lincoln, 1998, p. 408).

Despite widespread acceptance of the 'broad church research approach' some researchers continue to disagree. Questions about which research approaches are best are sometimes so hotly contested they are referred to

¹¹ The term 'bounded' refers to acknowledgment of the existence (and setting) of limits, referred to in policy theory, case study methodology and economics.

as the 'paradigm wars' between committed positivist researchers (i.e. those using quantitative method) and those who apply qualitative methodologies (Denzin & Lincoln, 2011; Greenhalgh, Russell, Ashcroft, & Parsons, 2011).

Critical theory

Critical theory accepts, incorporates, and in a very real sense requires the researcher to include a description of the research's inherent values. In a critical theory approach, these values are included and explained as an integral part of the research.

This research declares a values position, which is the moral and rights-based argument that supports the prevention of avoidable child injury. This normative orientation is declared, aligning this thesis to critical theory, where examples and illustrations of actions to improve child safety are considered morally good, and desirable. Actions taken to reduce child safety are discussed as being negative and undesirable.

The inclusion of a declaration of values is not supported by the post-positive argument that it is enough to include a description of the method, coupled with acceptance of the validity of other paradigms. This acceptance is challenged by those who recognise the ubiquitous nature of values in society. Guba and Lincoln (1998) for example, identify the inherent contradiction of suggesting that researchers, who as part of society have inherent and internalised societal values, can present their research findings and outcomes as being value free

This research, therefore can be characterised as reflecting critical, constructionalist and participatory theoretical approaches while incorporating positivist and post-positive methodologies. This exactly recreates the tension referred to by Denzin and Lincoln (2011), of a jostling for identity between research methodologies. This tension, it is argued, is an important feature of policy and research in child injury prevention policy development because of the essentially values based, critical and social nature of the topic and at the same time, the whole issue of child injury

prevention rests firmly within and upon an extensive field of positive and post-positivist academic research.

Foucault as methodology

In addition to critical and grounded theory methodologies, this research also adopts a Foucauldian approach for exploring government funded child injury prevention programmes and projects.

Foucault's research approach was driven from his philosophical and sociological questions. In his studies of government, Foucault asks the fundamental question, how it is that we are governed? This question posits the puzzle of how it is that we choose to accept and incorporate the state (and its rule) over the well-being of our everyday lives? This question can be examined by looking at what Miller and Rose (2009) refer to as the 'political rationalities' which are the 'discursive fields and moral justifications' for particular ways of exercising power, accepting power, or acting. This means looking into the detail of political discourse, and government records to look for subtle expressions of power. One example might be noting the presence of a market focussed orientation to policy and politics through linguistic expression, and evidence of policy choices that appear to support business interests over social or moral imperatives. Miller and Rose state that the:

"...problematics of government should also be analysed in terms of their governmental technologies, the complex of mundane programmes, calculations, techniques, apparatuses, documents, and procedures through which authorities seek to embody and give effect to governmental ambitions. Through an analysis of the intricate interdependencies between political rationalities and governmental technologies, we can begin to understand the multiple and delicate networks that connect the lives of individuals, groups and organisations to the aspirations of authorities in the advanced liberal democracies of the present" (Miller & Rose, 2009, p. 55).

Foucault's influence drives researchers to focus on discourse analysis and on the specifics of everyday documentation; interviewing; reading media reports and examining 'grey literature' (literature distributed but not formally published) issued from government agencies and organisations (Miller & Rose, 2009).

The case study

A secondary, but important study methodology within this thesis is the use of the expanded case study method. The case study method provides a useful focus, particularly where it permits and requires the researcher to identify and establish boundaries, thereby creating limits in the exploration of a research topic. Establishing a boundary creates the settings and by doing so, also identifies sampling used in the study (Miles & Huberman, 1994, p. 26).

The case study approach is considered by some authors as a research method in its own right (Yin, 2009). Not all agree. Creswell and Stake (2007) suggest case study research is not a methodology but simply a chosen design within the qualitative research approach. Others are more generous about the validity of a case study methodology. Bryman (2012) defines a case study as the systematic examination of a single, simply identified entity, such as an individual, organisation or geographic location and by doing so draws attention to a major advantage of the case study, which is the establishment of subject boundaries, Creswell agrees with this conclusion.

“Case study research is an approach in which the investigator explores a bounded system (a case) or multiple bounded systems (cases) over time through detailed in-depth data collection involving multiple sources of information (e.g. observations, interviews, audio visual material, and documents and reports) and reports a case description and case based themes” (Creswell, 2007).

Child injury prevention policy is a wide-ranging subject with many possible interrelated strands which can be difficult to isolate. Focus is provided

though identification of the boundaries of the specific topic being explored in the research project. Yin (2009) describes the 'case study within the case study' scenario, which fits this thesis. This thesis looks especially for factors that might influence or contribute to the development of government departmental and statutory responses to child safety; this might include abstract ideas conveyed by research participants; documents produced by government agencies to provide guidance and information; published peer reviewed research or papers created by other organisations and published by them.

Child injury prevention is defined in this research, as the prevention of unintentional injuries to children (both fatal and nonfatal) with the following boundaries:

- The definition of unintentional injury to children (which includes a published definition of unintentional injury).
- Children aged from birth until their sixteenth birthday – 0 to 15 years old
- Government policies, research, projects and programmes focused on preventing unintentional injuries to children in this age group.

Another aspect that 'bounds' this research is its focus upon policy, which was described earlier simply as being whatever government chooses to do, or (with greater detail and wider application) as a law, regulation, procedure, administrative action, incentive, or voluntary practices of governments or other institutions (Shaw & Eichbaum, 2011).

A case study is included. This is a descriptive account of the development and change of government policy regarding the prevention of pre-schooler drowning in home swimming pools, spas and garden ponds. This case study was selected because it provides a demonstration of policy change to the extent of legislation and includes (somewhat unusually) an example of the repeal of child safety policy in legislation. Grey literature, including letters and documents obtained under the Official Information Act (1982) were available for inclusion. Several of the research interview participants were

involved in the delivery of pre-schooler drowning prevention programmes and provided comment during interviews.

Time is another boundary often used in positivist and post-positive research. The specification of a discrete 'time' for a study assists in providing a focus and limitation of the scope of the research. This research was intentionally and specifically not 'time bounded'. This was because it was considered desirable for interview participants to be unconstrained in their recollection and observation. It was also useful to track different aspects of policy developed within different context over differing time periods. For example, Ministry of Health Briefings to Incoming Ministers, published from 1984 to 2014 were reviewed in response to one interview participant's observation of their importance. Another interview participant provided a paper with a chronology of significant events in the development of swimming pool fencing policy (appendix 5), dated from 1974 to the present time. Examining these documents is consistent with the grounded theory methodological approach of 'zigzagging' from the research data (interview content) into the 'real world' and back, yet it is not practical in research terms to attempt to align these publications within the same 'time envelope' (Creswell, 2007).

Interview as methodology

Interviews are routinely used for developing, auditing and researching government policy across a wide range of circumstances. New Zealand researchers and research companies use interviews as a practical tool for analysis in the policy arena. Interviews are also used to critique policy processes and prompt debate about how policy improvements can be achieved (Gluckman, 2011; Legard, Keegan, & Ward, 2003; Stewart & Cash, 1974).

Richie and Lewis (2003) describe the interview in a number ways. In the post positivist paradigm knowledge is 'out there' waiting to be discovered by the interviewer who 'uncovers' it through the course of the interview with a research subject. Ethnographic, constructivist and critical theory paradigms stress the interview is a creative and reflective process where information emerges from the interview process as a shared construct between the

researcher and participant together. In critical theory, in particular, the research interview identifies material conditions influencing beliefs, behaviours and experiences (Ritchie & Lewis, 2003, p. 12).

This thesis draws strongly from constructivist theory, where there is recognition interview data is the result of interpretative and dynamic processes occurring between the researcher and interview participant. Although themes are described as ‘emergent’ it is acknowledged they are identified, validated and extrapolated by the researcher. This process is supported through reference to existing theory and challenged by the oversight and critique of the research supervision process.

Researcher as participant

It is acknowledged from the outset this researcher was for many years an integral part of the child injury prevention community from which the research participants are recruited. A researcher’s presence within a field of research (or within the context of the research topic) and therefore their bias, can be acknowledged and explained in various ways.

In one sense this research might be described as an ethnographic exploration of a community within which the researcher has participated and been employed. While my familiarity within the research area is acknowledged, (due to my having worked within it over a long period of time) an ethnographic account would apply narrative methodology in the presentation of the research (Creswell, 2007). In contrast, research data in this thesis is explored through the techniques of in-depth interviews and thematic analyses.

The use of case study methodology provides another way to note and manage situations where a researcher is part of the environment being researched. In these situations the researcher is referred to as a “participant–observer” (Yin, 2009). This technique involves or requires the researcher to become part of the research area under study and actively participate, such as moving into a neighbourhood, or joining a group. Such engagement is not seen as an obstruction to the research but permits the

advantage of access to the research field and familiarity with research subjects. A weakness of this approach Yin points out is that the participant observer may be susceptible to the introduction of bias into the study, and consequently undermine the study's credibility.

Yin notes it is important to deal directly with the issue of bias in the case study method as a study will be undermined if it becomes evident the researcher has selected a case to confirm predetermined opinions. One way to avoid or mitigate bias, Yin suggests, is to engage reviewers or "two or three critical colleagues" who will challenge findings and present contrary views. The supervision process for this thesis provided this function.

Another way to mitigate and manage bias is the application of the grounded theory approach, which is the exploration of the topic without 'pre-determined hypotheses', which in turn permits the emergence of themes from the data (Yin, 2009, p. 72).

Positivist and post-positivist researchers use hypotheses and actively seek to identify, declare and exclude bias. For this type of research bias is believed to reduce the efficacy of the findings. This is most clearly demonstrated in the traditional positivist 'hierarchy of evidence' model that grades the quality of evidence provided by research findings and places as most reliable those studies that use randomised controlled trials at 'the top' of the evidence hierarchy. Meta-analyses and systematic reviews are next followed by case studies involving researcher narrative. Such narrative is considered the least reliable of positivist research methodologies (Greenhalgh, 2001).

However this view should be contrasted with acknowledgment that narrative data collected and presented by a researcher who is intrinsically part of, or at the very least fully familiar with, the area under study, has richness and 'much to offer' (Greenhalgh et al., 2005). Furthermore, Breen (2007) points out that "it is naive to think" that minimal exposure to the research field removes bias and notes that that 'from a constructionist point of view, bias can never be eliminated' (p. 169).

Another well accepted method of describing the 'researcher as participant' is to position the researcher as either an 'insider' or 'outsider'. Insiders are researchers who are considered part of the group they are studying, while 'outsiders' are not part of the group (Bonner & Tolhurst, 2002; Merton, 1972). The 'insider–outsider' description of researcher presence creates a dichotomy that is not always reflected in the researcher's experience. In these cases the researcher has been described as 'the researcher in the middle' (Breen, 2007; Dwyer & Buckle, 2009). My position for this research most closely fits the 'researcher in the middle' description because circumstances identify me as both an insider and outsider.

Prior to starting (and during) this research I was an employee within a government organisation described as a Crown Entity that is within the public sector (i.e. a District Health Board) but not within the group of agencies described as 'core public service' or 'central government' (Shaw & Eichbaum, 2011). Because I was an employee in the child safety service based within Auckland City Hospital (Starship), I was acknowledged as a government child safety advocate. This was important for the case study on pool fencing, which was chosen because it provided a good example of legislative change, and also because my roles as both insider (child safety advocate) and outsider (employed in a Crown Entity, rather than core public service) provided unique access to government processes while at the same time provided me with a perspective that was different to that of a public servant working within a core government agency.

Research participants in this study were selected and purposively approached based on my personal knowledge of their roles (as an insider) but because I was not recently part of the organisations or groups within which they worked (or had worked) in that sense I was an outsider. My identity as an individual who worked and published in the field of child injury prevention was known by all research participants and was specifically revealed by me as part of my approach for their permission to be interviewed, establishing 'insider credentials'. However, an important factor was that the research itself was conducted through a University, rather than

a health care organisation or medical school, suggesting the presence of 'outsider' standing.¹²

Breen (2007) commented that insider-researchers are sometimes criticised for being advocates rather than 'real' or 'legitimate researchers' and the main way to counter this is to declare values held by the researcher or that might be implicitly within the research. Early in the research the values associated with this subject area are identified as explicitly as possible, confirming they are values both held by me as the researcher and presented by this research as normative for wider society. The values bias within this research is (and intend to be) explicit and was the focus on the positive value of permitting children to have a healthy, injury free childhood and defined by the WHO definition of health. My choice of data for inclusion and emphasis as themes will be explained within accompanying text and relates to the exploration of how child injury prevention actions and policies become evident within government.

The benefit of my own experiences and background in child injury prevention and public policy and access to the interview participants and field under study, coupled with explicit description of the values position and a thoughtfully managed method, provides the positive trade off that allows for acceptance of researcher involvement and participation in the subject of the study.

This thesis uses a qualitative research approach. It also occasionally incorporates positivist, quantitative research to elucidate observations about child injury and its prevention. Providing a description of the overall characteristics of the research methods used, disclosing actions, describing and identifying challenges to the limits of knowledge (referred to as 'bounding'), and being explicit about the values orientation of the subject (child injury prevention) places this thesis within a post-positivist orientation.

¹² The concepts of 'insiders' and 'outsiders' emerged as part of the Sociology of Knowledge during the 1950s (Merton, 1972) and is also discussed further in Chapter 2 (Results); Chapter 3, (power); Chapter 4 (Finding funding) and Chapter 7 (Advocacy and lobbying).

Positivist and post positivist research publications usually carefully notarise study limitations. This practice assumes researchers can either control all variables or attempt to negate confounding effect and the study's shortcomings by identifying all features of the research that are not controlled, with comment of the study's limitations. In contrast, this research engages qualitative methodology where data is provided as a contribution by participants, rather than elicited by testing subjects (variables). People familiar with child safety were invited to hold a conversation with the researcher. The natures of these participants, and their contributions, are acknowledged as integral to the research findings. The researcher's interpretations of these conversations became research findings, which were properly tested by the assessment of academic colleagues (thesis supervisors), who did not participate in the collection of the data.

In essence, while post positivism is a possible epistemological home for this thesis, the use of grounded theory methodology coupled with an overall Foucauldian approach and the inclusion of an explicit acknowledgment of values firmly identifies this thesis as qualitative research aligned with critical theory.

Literature review

Standard literature search strategies were used to access published peer reviewed literature across a range of disciplines, including media, public health, policy, trauma surgery, road safety and injury prevention. In addition, grey literature was accessed both through submitting Official Information Act (1982) requests and the researcher having in-depth knowledge of specialist documents not held within library collections, but either briefly available (such as a letter circulated by a group or organisation) or posted on organisation websites. Google and Google scholar key word searches were conducted to identify additional literature on topics, particularly for material not found in scientific journals, such as media reports, parenting course information and sector news releases and reports. A specialist injury prevention database (Safety Lit®) was also searched for relevant papers.

Research Protocols

Interviews

In-depth, semi structured interviews were conducted with fifteen participants who had held decision making roles in central and local government where child injury prevention was within their portfolios and/or they had child injury prevention programmes and projects within their areas of professional responsibility. Ethics approval for conducting interviews and presenting content was sought and gained from the University of Waikato Human Research Ethics Committee and the process described in the approved application was followed for all participants, throughout each of their interview processes. This included adhering to the principles of respect, cultural awareness and a commitment to learning and sharing knowledge.

Individuals working in non-government organisations (NGOs) with a 'delivery component' focussed on preventing child injury were also interviewed. I was acquainted (through professional contact) with all the research participants approached. This was due to my previous roles working within child injury prevention. Some participants held roles that would have been considered senior to mine during my employment, while others would have been more collegial. My status as a university student and researcher permitted this difference to be of less consequence during the research interviews. More than one participant commented on the value and importance of New Zealand based research in child injury prevention and all participants who agreed to be interviewed were encouraging.

Large sample sizes and the inclusion of statistically significant samples of a target population is not a critical requirement for this methodological approach. This was a non-probability sample where subjects (participants) are deliberately selected to reflect particular features sought by the researcher in a method described as purposive sampling (Ritchie & Lewis, 2003, p. 78).

This study's aim of 'better understanding influences on the development of child injury prevention policy' meant the main criterion was for interview

subjects to have an awareness of (and involvement in) child injury prevention activities. A secondary aim in the selection of this group of participants was to obtain as broad a range of commentary as possible about what might influence the adoption (or otherwise) of child injury prevention measures. Based on this approach an injury prevention directory was referred to and in the first instance individuals with whom the researcher had an acquaintance, or working relationship, were selected (Injury Prevention Information Centre, 2009).

This type of approach, where the sample is selected with an intention in mind, is referred to by Richie et al (2003) as 'purposive sampling' where criteria related to the aims of the study are used to guide selection. Although this method involves deliberate choices, this does not predetermine the research findings, as the interview subject selection was based on the disclosed goal of fulfilling the aims of the study (Ritchie & Lewis, 2003) and interview data were scrutinised by thesis supervisors, meeting Yin's recommendation for mitigating bias (Yin, 2009).

In addition to purposive sampling, some interviewees were selected after being referred to me by other interviewees. A method known as "snow balling" is described by Kingdon (2003) as the technique of identifying further research participants through asking interviewees for referrals. At the completion of each interview I asked participants if they could refer me to any other person who may wish to contribute to the research. Participants did not limit themselves to referring me to individuals within government agencies and more than one recommended an approach to someone working within local government or non-government organisations (NGOs).

Study participants spanned a range of occupations and levels of responsibility (detailed in Table One). The initial research intention was to engage only central government staff, but when reviewed, this strategy provided only a limited number of interview participants (and perspectives) so the scope was broadened to include participants with extensive and valuable knowledge of Crown Entities and Local Government. Two of the participants reported directly to Parliament, with significant budget

responsibilities and staff, one worked as a Minister of the Crown, while another worked primarily on projects that delivered directly to members of the public. Others worked in non-government organisations of varying sizes.

Participants chose to be interviewed either in their homes, at work or in public places where private conversation was possible. Interviews were conducted at a time and place where there would be little interruption and confidentiality of the conversation could be reasonably assured. In practical terms interruptions were unavoidable and were managed as appropriate for the situation, in one instance at an interview participant's home a child entered the lounge where the interview was being conducted and interviews conducted at outside tables in cafes were suspended while cafe staff delivered coffee and food.

Interviews ranged between 37 and 88 minutes in length. Each participant was provided with an introductory letter, consent form and information sheet. Participants also requested indicative questions. These were provided with an explanation that the interview was intended to be open-ended and they were to feel comfortable covering any topic in the subject area of child injury prevention they wished.

The earlier interviews were conducted face to face but later in the process, three interviews were conducted by phone. Trier-Bieniek (2012) found no substantial differences in interview content when face to face interviews were compared to phone conversations, noting the use of the phone possibly increased the inclination of research participants to share more information on sensitive topics. Opdenakker (2006) also assessed the choice to use telephone interviewing, identifying its value when research subjects were geographically distant, the researcher had a small budget and standardisation of the interview was not important. Overall, Opdenakker found use of the telephone provided outcomes not significantly different to face to face interviewing. My choice for interviewing by phone, once I had established there could be minimal impact on content, was primarily based on pragmatic grounds as interviewing by phone enabled participation by individuals living in geographically distant localities.

Fifteen interview participants who were approached accepted and were interviewed, five declined. Some subjects were willing, yet (even with assurances of confidentiality) were concerned about possible repercussions on their employment, others reported they were too heavily committed to participate, some felt they were not sufficiently involved in child safety and others simply did not respond to an initial approach.

All individuals approached were assured of confidentiality, especially if they declined to participate. It was considered important for participants to feel comfortable with their choice not to participate and to be able to continue what was in some instances an ongoing working relationship with me as one of their professional colleagues. Individuals who were interviewed consented to be identified and have provided approval for statements to be quoted and attributed. Contributions are anonymised, with pseudonyms used to ensure the interview data remain the focus, rather than risking discussion being side-tracked by the personal characteristics of research participants.

At the start of each interview participants were asked to reflect on their experiences of influences or imperatives that brought about the introduction of child safety policies, programmes and projects. In this way the interviews were structured with open-ended questions to encourage wide ranging responses. Early in the research process, however several participants requested greater guidance about what would be helpful to cover. This guidance was provided in the form of open ended questions included in the introductory correspondence and meant the interviews were more in line with a semi-structured interview format, rather than completely open. Legard (in Ritchie & Lewis, 2003) notes that even in the most unstructured interview the researcher has some idea of the area, or topic they wish to cover and the use of a topic guide within the context of an overall flexible format was a standard and well accepted practice.

Table One presents a summary of the organisations research participants were employed by at the time of their child injury prevention experience and a subjective appraisal of the organisational level of their participation in the

delivery of child injury prevention projects. Six worked in a central government agency, four worked in local government, four in non-government organisations and one in a Crown Entity.¹³ The level of responsibility and scope for direct involvement in child injury prevention projects by participants also varied. Participants with more senior roles were involved with allocating budgets and advising on strategic commitments on behalf of their organisations, while others were involved in the setting up of single projects and the distribution of injury prevention material directly to the public. Some participants held various roles (over many years) that required high level strategic input to their organisations and others held roles that included the provision of 'direct to public' services. The third dimension described is the amount of involvement in child safety programmes. This subjective appraisal by the researcher is a simple observation of the degree of involvement the participant had with child safety activities overall.

This wide range of profiles created challenges for identifying themes and similarities within the interview data yet offered a rich opportunity to draw from many perspectives. The 'non-bounded' nature of this research regarding time was important for recording of research participants' working experiences in child safety. Some participant experiences were recollected over many years, while others recounted experiences from a specific period during which they were engaged with child safety.

¹³ Non-Government Organisations (NGOs) (as the name suggests) are not government agencies; in this research NGOs discussed were contracted by a government agency to deliver child safety activities (projects, programmes or training) at the time the research participant was employed. A Crown Entity is a government owned agency that is not listed in the State Sector Act (2004). Crown entities have a variety of forms, depending on their legislation, sometimes operating with close government oversight, (such as District Health Boards and the Accident Compensation Corporation) or more at arm's length (such as Air New Zealand).

Figure One: Description of the work roles and engagement with child injury prevention of research participants.

Identification in text	Position	Description
Hans (Central Govt.)	High level / Advisory / Reported directly to Parliament	Highly influential in child safety and long term, high level involvement in child health
Robert (Central Govt.)	High level / Advisory / Reported directly to Parliament	Highly influential in child safety and long term, high level involvement in child health
Beth (Central Govt.)	High level/Funding	Frequent involvement in resource allocation and contract monitoring of child safety programmes
William (Central Govt.)	High level/Funding	Infrequent involvement directly with child safety, but highly influential in health promotion fields over a long period
Rick (Central Govt. Politician)	High level strategic political governance and funding	For a short period of time in child injury prevention, also highly influential in the associated field of local government. Many years of experience in government and politics
Maau (Local Govt.)	High level manager	Frequent involvement in resource allocation, staff supervision and contract monitoring in child and adult injury prevention
Imia (Local Govt.)	High level manager	Frequent involvement in resource allocation, staff supervision and contract monitoring in child and adult injury prevention
Leilani (Local Govt.)	High level manager	Infrequent but influential involvement in child injury prevention projects; and long term, sustained involvement in the

Identification in text	Position	Description
		associated field of crime and violence prevention
Chaya (Local Govt.)	Multiple project and programme delivery roles covering all but the highest levels of organisational decision making	Extensive experience in the development and delivery of programmes both at a project governance level and public interface.
Salesi (NGO)	High level/Advisory/Delivery – CEO of NGO	Extensive experience in the development and delivery of programmes at a governance level and public interface.
Teula (NGO)	High level/Advisory/Delivery: Senior team member of influential safety NGO	Extensive experience in the development and delivery of programmes both at governance level and public interface.
Josephine (NGO)	High level/Advisory/Delivery - CEO of NGO	Extensive experience in the development and delivery of programmes both at governance level and public interface.
Steffi (NGO)	High level/Advisory	Involved with child injury prevention for a long period of time, well known and highly influential within child injury prevention.
Jivin (Crown Entity)	High Level	Involvement with child safety, and sustained, highly influential involvement in community safety and occupational health and safety
Sione (Crown Entity)	Advisory/Programme Delivery	Extensive experience in child safety programme development and delivery – also operated in community and governance

Data analysis

Interviews were electronically recorded and manually transcribed into Microsoft Word by the researcher using a proprietary recording and transcription programme. Data transcription was verbatim, but in a format, which excluded speech omissions, grammatical error or repetitions, as their inclusion detracts from the readability of the spoken word. Transcription was managed consistent with a practice referred to as 'intelligent transcription' where participants' grammatical errors or unintentional repetitions are removed for coherence, ensuring this was done without disruption of meaning.

Each interview participant's transcription was emailed back for their reading and response. Some participants replied they were not concerned about reading the transcript; some took the opportunity to read their transcription and emailed back confirming the content accurately reflected their recollection of the interview. Three interview participants returned the transcription with typographical errors corrected. No interview participants gave feedback that identified any concerns about the process or the transcription.

Interview transcripts once sent back to me (either edited or unedited) were entered into the NVIVO thematic analysis programme and the word documents were filed on a secure computer within the ENDNOTE reference programme. Interview transcripts were read, analysed by key ideas then coded into main themes, which were discussed with research supervisors.

Krippendorff (1980) notes that the concepts of reliability and validity provide important research tools for establishing the robustness of data analyses. Reliability is the capacity of the researcher to demonstrate that findings from data can be repeated by another independent researcher. Validity means it is possible to recognise the research as coherent and as being consistent with established knowledge (Krippendorff, 1980, p. 155). These measures apply most readily to research carried out with positivist and post-positivist paradigms. For this research, transcriptions were reviewed (read and re-read) on multiple occasions by the researcher. Emergent themes were

presented and discussed at regular intervals with the thesis supervisors, who challenged and provided feedback on their interpretation and application. The validity of the emergent themes was assessed in the context of larger studies from other political jurisdictions. Major themes identified are discussed in the context of other studies, identifying similarities and differences. This was also noted as an advantage of the researcher having familiarity with the field.

Data saturation is said to occur when themes are repeatedly appearing within qualitative data and no new themes emerge (Mason, 2010). This occurred most clearly for the themes of power and collaboration. When interview transcripts repeatedly contained the same or similar comments related to this theme it was determined that saturation had occurred. Comments in relation to the themes of advocacy and lobbying, funding and the 'perception of child safety' occurred less frequently and were often discussed in relation to different contexts. Despite this variation, these themes were considered important and were included to identify interview participants' focus on advocacy, challenges finding funding and providing messages about child safety and supervision.

Interview data – overview of emergent themes

Foucauldian methodology directs the researcher to focus on the discourse and everyday activities of individuals, groups and organisations as described within their commentary and in documents, media and literature (Foucault, 1982).

Fifteen individuals knowledgeable in child safety discussed the provision of government funded child injury prevention programmes. Participants provided reflective commentary on what they thought might motivate government to adopt and implement policy and programmes. The commentary formed the interview data, which were subjected to grounded theory analysis. This method requires the researcher to 'step back' and permit such data to provide emergent themes, which are then identified and discussed (Denzin & Lincoln, 2011).

Five themes emerged from the interviews. These were: power, funding, collaboration, perceptions, and advocacy. This section introduces and summarises these themes, setting the scene for exploring the detail of how child safety policies are adopted and advanced.

1. Power - Child safety within national and local government

Research participants identified how individuals within the New Zealand public service acted in many ways to improve child safety. Participants across a range of government agencies described how they allocated discretionary funding for child injury prevention contracts, organised Ministers to meet with academics, discussed child injury prevention at meetings, and included child injury prevention within strategic documents.

The impact of political decision making was mentioned. Participants emphasised the political reality that political decision makers tend to present themselves in ways consistent with predominant public sympathies.

Government organisations were identified as important. The Ministry of Health has consistently funded child safety programmes and the Ministry's longstanding requirement that contracted organisations must work in collaboration with others was considered valuable. Other government agencies mentioned, included the Accident Compensation Corporation (ACC), the (now defunct) New Zealand Injury Prevention Strategy, the Office of the Children's Commissioner, Safekids Aotearoa/New Zealand, Regional Public Health Services and the New Zealand Transport Agency. Non-government organisations, such as the Royal New Zealand Plunket Society (Plunket) were also noted as important.

Participants noted how improvements in New Zealand's death review process has improved accessibility to data and increased the publication of mortality reports. One participant recounted how Child and Youth Mortality Review Committees were established.

Local government agencies (Councils) are responsible for promoting and protecting community health. Interview participants discussed the

challenges of motivating Councils to deliver local child injury prevention programmes. Senior local government sector participants noted the importance of ensuring child safety and injury prevention were included within Councils' Strategic Plans another documents.

Interview data illustrated how relationships between local government politicians and council employees varied widely, depending on which local government agency was involved and the context of the situation in which child safety was raised. Sometimes child injury prevention issues could be discussed informally with local government politicians, in other situations child safety input was only possible through formal processes, such as submissions.

The Safe Community Foundation was identified as contributing significantly to local government's motivation and capacity for delivering child injury prevention programmes. This has occurred through the (WHO) Safe Communities Accreditation programme and its emphasis on collaboration and the provision of proven programmes and evaluation (Coggan & Peters, 2008).

2. Finding money for child safety

Uncertainty about securing resources for child safety programmes recurred throughout interviews. Comments made about funding were orientated around the theme of power, for example the need to take the opportunity to access resources to 'do things' (take action). In addition to the existence of child injury prevention contracts, participants also described occasions where central and local government staff undertook injury prevention projects that were unfunded or outside their delegated responsibilities.

Injury prevention researchers frequently point out that preventing child injuries provides overall positive economic value for society (MacKay et al., 2006). Only one interview participant mentioned the economics of child injury prevention, and then simply to wonder whether child injury economics within New Zealand was adequately researched and discussed.

Moral arguments in support of preventing child injury often revolve around discourse about child rights and the presumption of an adult 'duty of care' (Peden et al., 2008). However, participants did not raise such arguments for justifying funding child injury prevention programmes. Instead moral and rights-based issues were discussed in the context of describing parental rights and the supervision of children.

3. Collaboration

Collaboration was discussed frequently during interviews. Participants commented that collaboration was the preferred practice for child injury prevention groups and organisations and a normative orientation within child injury prevention. In short, collaboration was consistently presented as 'the best way to do things'.

Comments about collaboration generated subthemes across a range of topics, such as contracting, collaborative funding, leadership and the importance of an operational model that requires and promotes collaboration.

Interview participants described collaboration in pragmatic terms, as 'everyone around the table' agreeing and sharing ideas and resources. Several collaborative projects were described. Collaboration often happened smoothly (such as in water safety projects and programmes) but sometimes met barriers that included competitiveness, misalignment between objectives; differences about 'time frames'; differences about funding and lack of fidelity to agreed processes.

Although collaboration was acknowledged as difficult to achieve and not easy to measure, interview participants described many examples of the successful funding and promotion of collaborative child safety activities between individuals, groups, organisations and government.

4. Perceptions of child safety and supervision

Injury prevention practitioners stress the importance of a scientific approach to injury prevention that requires evidence of rigorous surveillance, random

controlled trials, and quantitative methodology (McClure, Stevenson, & McEvoy, 2004). There is also widespread acceptance that a safety culture approach is required (New Zealand Government, 2003d). This involves groups agreeing about messages and working collaboratively to promote general acceptance of safety measures (Johnston, 2011; McClure, Stevenson, & McEvoy, 2004).

Despite the clarity of these two approaches within injury prevention literature and the willingness of researchers and advocates from different disciplines to work together, interview data identified public perception of injury prevention as conflicted, with injury prevention measures sometimes derided, sometimes praised.

More than one research participant described child injury prevention as a 'battle' that had to be 'fought'. Other battle analogies were used, for example it was said injury prevention efforts might 'lose ground' because of conflict. Such conflict seems to arise at least partially because of belief that child safety removes a desirable aspect of children's experiences and that child safety advocates adopted an authoritarian stance that transgressed reasonable social expectation of privacy about parenting.

The concepts of supervision and risk were mentioned by interview participants who focussed on personal choices made by parents, caregivers and children and their understanding of 'risky' environments. Risk taking (and its assessment) was described as an individual, private experience. This contrasts with other concepts of risk, such as the calculation of actuarial risk, or those described in sociological concepts of 'risk society' (Beck, 1992a; Matthewman, 2012).

5. Advocacy and lobbying

The terms 'advocacy' and 'lobbying' were used interchangeably but infrequently within interviews. However, participants also discussed many actions that fitted descriptions of injury prevention advocacy and lobbying, without using those terms. So, despite the infrequent use of the exact words, these terms and their associated actions were used sufficiently within

interview data to justify their inclusion as a theme. Many of these actions are also discussed within the 'power' section of the thesis, following the Foucauldian interpretation of power as action.

Interview participants discussed how child injury prevention was advocated for by those working within central government, government agencies and local government (insiders).¹⁴ Participants discussed the importance of advocates having 'insider' knowledge of government, so they could contribute to improving child safety by including the issue within organisational documents, taking opportunities to raise child safety to decision makers and by allocating resources.

The importance of Non-Government Organisations (NGOs) and individuals who are 'outsiders' was also stressed.¹⁵ Interview participants named and described organisations and individuals who were outside of government but which they saw as important contributors to New Zealand child injury prevention. These included the Helmet Lady, the Royal New Zealand Plunket Society (Plunket), the Safe Communities Foundation and the (now defunct) Child Safety Foundation, all of whom can be viewed as advocacy organisations and / or lobbyists.¹⁶

Conclusion

The next chapters more closely examine these themes, drawing on participants' transcripts to illustrate how these relate to public policy and injury prevention research and theory.

¹⁴ 'Insiders' are individuals within the group who hold special knowledge about how the group functions and emerged from the Sociology of Knowledge during the 1950s: (Merton, 1972) see also Chapter Two (Methodology), Chapter Three (Power); Chapter Four (Finding funding) and Chapter Six (Advocacy and lobbying).

¹⁵ 'Outsiders' are also part of the Sociology of Knowledge (Merton, 1972).

¹⁶ The 'Helmet Lady' refers to Rebecca Oaten, who successfully campaigned for a New Zealand cycle helmet wearing law after her son Aaron became severely disabled following a fall from his bike (Duff M, 2010).

CHAPTER 3: POWER

This chapter was guided by the theme of government power, as it emerged from interview data. It examines government actions in the development of child safety policy and programmes, first within central government, then within government agencies and lastly, New Zealand local government.

The topic of power (who has it, how they use it and for what effect) permeates throughout social science and society. It would be hard to find a topic that has generated as much literature, research, consideration, consternation and debate as power. Traditional theories identify power as a force embodied by the powerful that subdues and enslaves, creates class division, poverty, privilege and leads to war and revolution (Bottomore & Nisbet, 1979).

Foucault challenged these traditional concepts of power, turning them on their head. For Foucault power is diffuse, through-out society. Furthermore, Foucault wrote: “power only exists when it is put into action” (Foucault, 1982, p. 788). In sociological and political literature, Foucauldian research examines the fine grain of the workings of power within institutions through the actions of individuals. Following this approach interview participants were asked to describe actions they took (or were aware of) across the many circumstances of their agencies and organisations, that promoted the safety of children.

This approach revealed the day to day challenges of implementing child safety projects, as recounted by participants who worked within and alongside government. It also revealed the actions taken by many individuals to recruit support and obtain resources for delivering child safety programmes.

New Zealand Government overview

New Zealand's Westminster system of government includes a House of Parliament (the House), a Government Executive (Ministers) and a public service who maintain independence from direct political direction through the provisions of the State Sector Act 1988. Each element of government has a role but is also constrained in its power and the application of its influence (Shaw & Eichbaum, 2011).

New Zealand has no single constitutional document. Laws and significant documents collectively create the constitutional and governance structures that determine New Zealand's law-making and expenditure of public money (Shaw & Eichbaum, 2011, p. 45). The Constitution Act 1986 recognises the ruling British Monarch as New Zealand's Head of State and defines the roles and powers of the Executive, Legislature and Judiciary. Other important laws include the Electoral Act (1993) which sets the Parliamentary electoral cycle; the Bill of Rights Act (1990) which establishes rights for New Zealand citizens and the Official Information Act (1982) which provides citizens with access to information about government decision making. Important constitutional documents which are not laws include the Treaty of Waitangi, the Cabinet Manual and Parliament's Standing Orders (Chen, 2012; R. Miller, 2010).¹⁷

The media also have a constitutionally vital role scrutinising government actions and the behaviour of politicians by providing an opportunity for public debate (Miller, 2010). Child safety issues are raised in the media at regular intervals. Sometimes Ministers announce the introduction of child safety measures in the media (Bridges, 2012) and sometimes advocates and individuals raise concerns in the media about which government action is sought (Dangerfield, 2009; Plunket et al., 2005).

This research drew attention to the importance of child injury prevention practitioners having insider knowledge of government and its processes.

¹⁷ The New Zealand Bill of Rights Act 1990 applies to the rights of children in criminal procedures to be "dealt with in a manner that takes account of the child's age" Section 25 (i).

Power: Child safety in central Government - from ministers to ministries

Cabinet Ministers

The Cabinet Minister's role is a fundamental part of a Westminster democracy. Ministers are responsible for deciding the policy priorities for their departments and authorising Departmental Vote (financial expenditure) through the Budget process.

“...individual Ministers of the Crown make a difference. They really do make a difference. We see it day in and day out. General people in the street do not realise how important those Ministers are.”

Jivin (Crown Entity)

Ministerial responsibilities also include taking part in Cabinet decision making and submitting legislation to the House. The role, powers and expected practices of Ministers are detailed in the Cabinet Manual, which includes wide ranging detail from the exact format of how Ministers must present papers to Cabinet Committees, to their conduct when interacting with the public and media (Department of Prime Minister and Cabinet, 2008; Shaw & Eichbaum, 2011).

Ministers must sponsor government legislation through the House. MPs who are not in the Executive ('Back Benchers') also have the opportunity to introduce legislation through the Parliamentary Ballot system which is a mechanism for introducing Bills to the House that are not sponsored by a Minister. These are called "Private Member's Bills". Although the House as a whole is responsible for passing statute, the Government has a right of veto over any proposed legislation (Chen, 2012).

There have been very few Ministerial or Private Members' Bills specifically for child safety. The Fencing of Swimming Pools Act 1987 and the Crimes (Substituted Section 59) Amendment Act 2007 are notable exceptions to this paucity, as was the passing of regulations for the mandatory use of child restraints. Measures improving child safety are sometimes included within other legislation, such as the Vulnerable Children Act 2014; Dog Control Act

1996 (and Dog Control Amendment Act 2003), and the Health and Safety at Work Act 2015.

Government Insiders

Those seeking change in government policies need knowledge about the detailed workings of government and Cabinet (insider knowledge). Public servants interviewed for this research were cognizant of how the distribution of money and resources are primarily determined by the decisions, actions (or inaction) of Cabinet Ministers. Observations that Ministers have considerable influence on what happens within Government were usually quickly followed by comments about the importance of knowing as much as possible about what initiated, shaped and influenced what Ministers understood, believed and did.

Insider knowledge about child safety involves recognising which Ministerial portfolio has responsibilities for child injury and how this might be understood and interpreted by the individual holding the Ministerial role. One recommendation from an interview participant was for child safety practitioners to ensure interactions with a Minister were only ever carried out by someone with both an awareness of the personal characteristics of the Minister and knowledge of the system within which they work. In this way, knowledge about the Minister becomes a very direct form of power.

“...You also have to bear in mind that (any given) Minister has responsibility for ‘that’ but not ‘that’. Then you have in mind the business of what is being fed to the Minister. Is that actually going to fill the Minister’s knowledge gaps, or confirm his or her prejudices...?”

William (Central Govt.)

The importance of knowing the Minister’s background and personal and policy preferences is also supported by Chen whose publication “The Public Policy Tool Box” concludes that “who the Minister is” as an important principle for working directly with Ministers and government (2012, p. 184).

Ministers have considerable discretion to determine Ministry and departmental priorities, while at the same time their behaviour must meet

the expectations of their parliamentary colleagues and the wider public (New Zealand Government, 2008a). Ministers are required to accept collective responsibility for Cabinet decisions and participate in Parliamentary debate, where they must respond to questions asked of them, so their conduct and decision making can be scrutinised by parliamentarians, media and the public (Kibblewhite, 2016; Miller, 2010; Mulgan, 1994).

The exact manner in which Ministers are constrained and the degree to which they comply is usually unclear outside of the inner circle of the Executive (Department of Prime Minister and Cabinet, 2008). However, concern about Ministerial behaviour is occasionally expressed in public. In 2016 the Prime Minister gave a public speech where he reiterated the need for Ministers to adhere to the rules of professional conduct when interacting with public servants.

“Prime Minister John Key has laid down the law about the way ministers and public servants should interact, saying ministers may not always like the advice they receive but they must listen to it carefully, respectfully and professionally” (Smellie, 2016).

This concern was echoed elsewhere. In 2016 the Office of the Ombudsman raised a proposal for New Zealand to have a second independent body (in addition to the Ombudsman’s Office) with the mandate to monitor the Executive’s exercise of their responsibilities and interactions with the public service (Eichbaum, 2016).

Political party election manifesto, although usually only in evidence during election campaigns were identified as an important way to ‘put things on the agenda’ as a successful and popular manifesto will result in a political party winning votes and government.

“...a party in Opposition is looking to putting together an agenda that is typically something they want to put to the people so that they will win. So that really is about marketing to win in the election, but it also actually puts things on an agenda.” **Rick (Central Govt. Politician)**

Participants stressed another aspect of democracy, the need for the politicians to remain cognizant of the moods and wishes of their constituency. One interview participant (Rick) had previously held the position of Government Minister and observed that political decision making is made based on appealing to voters.

“...we have to be careful about what people will accept. There are these moods and you can’t overstress it, there is a mood of the people the politicians and the political process is very adept at reading and if you don’t read it, you are out.” **Rick (Central Govt. Politician)**

Another issue identified was the need to remain aware of public opinion and avoiding making policy commitments during elections that could not be delivered post-election.

“Politicians these days have become very conscious not to make radical policy announcements after the election, ‘on the fly’; they like to put it in front of the electorate because the experience has been that those governments who do that, don’t do well at the next election.”

Rick (Central Govt. Politician)

Rick identified four main ways injury prevention issues might come to the attention of Ministers. These were the political party election manifesto, the occurrence of an accident (especially a tragic accident with a high media profile), input from government officials (particularly the Briefing to Incoming Ministers) and the presence of sustained and credible advocacy from individuals, groups and organisations.¹⁸

“Now the things that might put issues on the agenda are, first of all a terrible accident, and you get the Minister or the Prime Minister in front of the television and you say, there has been this terrible accident what are you going to do? Now the Minister or the Prime Minister can’t ordinarily say they are going to do nothing.”

¹⁸ Advocacy is discussed in more detail in Chapter Seven.

They ordinarily say they are going to have officials or a team look into it, and immediately then it starts. Because there is an inquiry at that point, then the inquiry's going to look into something, then there's a report and the report is going to recommend something.

Then they say well what are you going to do about these recommendations? The 'thing' gets a momentum. So an accident that people feel strongly about can put this all on an agenda, particularly if you get the Minister or the Prime Minister in the hot seat with people asking them what they are going to do."

Rick (Central Govt. Politician)

Tragic events have initiated government reviews and resulted in major policy and legislation changes. An example might be an incident that involved multiple deaths with national media attention and coverage over sustained periods of time. On other occasions there may be a singular but particularly poignant circumstance. When this happens, Ministers may make contributions to public comment on both social networks and mainstream media.

The Pike River Mine disaster in 2010, when a mine explosion caused the death of 29 people, prompted a Royal Commission of Inquiry which uncovered major safety failures, prompted the resignation of the Minister and resulted in the introduction of substantial workplace safety policy changes (Martin, 2014; McSoriley, 2013; Royal Commission on the Pike River Coal Mine Tragedy, 2012).

In 2014 a summary of the chronological events relating to Pike River was published by the New Parliamentary Library. This description shows how the resulting Health and Safety at Work Act 2015 was the culmination of a long process of actions directly related to Pike River Mine events (New Zealand Parliamentary Library, 2014). The outcome was described as "Strengthened legislation, increased funding, more inspectors and greater workplace participation will certainly mean there will be increased vigilance over workplace safety" (Martin, 2014, p. 2).

Table Two: Chronology of policy changes following the Pike River Mine disaster.

19 – Nov - 2010	Pike River coal mine disaster; 29 fatalities
Dec – 2010	Royal Commission on the Pike River Coal Mine Tragedy appointed
Aug - 2011	High Hazards Unit formed in the Department of Labour
Jun - 2012	Independent Taskforce on Workplace Health and Safety appointed
Oct - 2012	Royal Commission Reported
Nov - 2012	Minister of Labour resigned
Feb - 2013	Government announced new occupational health and safety agency would be created
April - 2013	Taskforce reported
Jun - 2013	Health and Safety (Pike River Implementation) Bill introduced to implement Royal Commission's recommendations and create a new Crown entity
Nov - 2013	Worksafe New Zealand Act passed
Dec – 2013	Worksafe New Zealand established
Mar - 2014	Health and Safety Reform Bill based on Australia's Model Act introduced into Parliament
Sept - 2015	Health and Safety at Work Act given Royal Assent 4 September.

Reference: Compiled by the New Zealand Parliamentary Library (2014)

Not all policy development can be so clearly and sequentially described. Kingdon's 2003 landmark study looked at decision making within the USA

Federal Government. It concluded decision making within Capitol Hill is so complex and variable that no single person or group could be said to dominate the political environment, “The Administration – the President and his political appointees – is central to agenda setting but has less control over the alternatives and less control still over implementation” (Kingdon, 2003, p. 42).

New Zealand government is smaller, and Ministers may have more direct influence over policy outcomes than their USA counterparts, however even within New Zealand’s comparatively simple constitutional structure and smaller government size, the presence of multiple inputs and the unpredictability of outcomes was acknowledged. Rick commented;

“...when you are a Minister you might be making decisions but there are a thousand and one ways by which those decisions get translated in to action and what action actually gets done...”

Rick (Central Govt. Politician)

The lack of clarity about where power resides and who has control over decision making was described by Rick, who recounted a conversation with the Prime Minister over a crucial policy vote. The House was sitting, and it became apparent policy changes were urgently required to ensure Parliament’s business could make progress on the next day. Laughter ensued between the two individuals when the newly elected Prime Minister momentarily deferred Prime Ministerial decision-making to an unknown third party.

“...He (the Prime Minister) looked at me and said – this was very early days remember – he said “Oh, shit I had better go and talk to the people who make these decisions.” And I said “Prime Minister You’re the bloody Prime Minister!” And we both laughed and laughed. Even the Prime Minister can’t wave a magic wand and just make things happen.”

Rick (Central Govt. Politician)

The World Health Organisation’s (WHO) ‘Guide for Policy Makers and Planners’ sets out steps for achieving government commitment for

programmes to prevent injuries and violence. The authors recommend a step by step approach where political leaders are approached last, only after all other possible preparations are completed and there is community support for the initiative (2007). This echoes Kingdon's analysis that elected officials, including the President, have more constrained and variable input to decision making than public perception suggests (Kingdon, 2003).

Aside from issues driven from election manifesto influence on a Government Executive is often cause for speculation. After many years working closely with Ministers, one participant (Hans) speculated:

"What excites Ministerial interest? Not the science...It's whatever seems to be necessary for them to do..." **Hans (Central Govt.)**

Hans continued, referring to the primacy of the electorate in shaping Ministerial behaviour.

"...in a way all politics is populist, I mean it has to be in a democracy, or even in a dictatorship for that matter. You have to do what suits and satisfies your constituency... ...that's politics 101" **Hans (Central Govt.)**

Another research participant, Beth added a comment that political risk assessment and mitigation might be motivations for policy initiatives:

"It's risk management. A lot of what happens is managing political risk. Politicians manage risk, so they reduce the – well they reduce the likelihood the electorate will be disaffected." **Beth (Central Govt.)**

In 2016 a Victoria University School of Government commentator summed up what he described as the 'mystique' of influence on Ministerial activity;

"The collective public will arrives on the desks of public servants via the cabinet and ministers, who apply some sort of ideology, personal prejudice, hubris and intelligent inquiry and distillation to what they hear, mishear or selectively hear from constituents, polls, interest groups and pressure groups, consultants and experts" (James, 2016, p. 1).

In addition to being aware of the preferences of their constituencies, decision making is another crucial part of political life. When asked about the difficulties of making decisions about child safety policies, Rick, who had held elected office, identified a dynamic that delayed political decision making:

“...It’s the politics. While everything is up in the air, you are winning. You haven’t pissed anyone off, you are all powerful; people are wanting to see you, wanting to suck up to you. As soon as you have made a decision you have immediately pissed off about half. Then the half that thought you did the right thing, they won’t like the way you did it. You are at risk of falling backwards” **Rick (Central Govt. Politician)**

Interview data demonstrated that within the framework of Executive power, Ministers are both enabled and constrained, powerful and important but also scrutinised by media and the public and only able to do 'acceptable things' in 'accepted' ways. There was acknowledgment of the complexity of the system within which Ministers work and that it could generate its own momentum in response to an event. Insider knowledge is important, as is the political reality that politicians need to ensure their constituency do not become disaffected. The delivery of public services is an integral part of this process and central to this delivery are the professional capabilities, skills and integrity of the public service.

Ministries and agencies - the Public Service

The Public Service is another cornerstone of a Westminster system of government and consists of individuals (public servants) employed by State Sector organisations as defined by the State Sector Act (1988). A defining feature of the Westminster system is that governments may change but individuals within the public service remain in place. This permanency means the public service serves the government of the day and also any future government, whatever it’s philosophical or ideological persuasion. There is an expectation public servants work for the 'public good' and not for any partisan cause or objective (Eichbaum, 2016; Kibblewhite, 2016).

The permanency of public servants across election cycles ensures public services can be managed consistently throughout changes of government and the 'swearing in' of new Ministers. In 2016 the Head of the Department of Prime Minister and Cabinet (DPMC) Andrew Kibblewhite, gave a speech noting the need for clear professional boundaries and protocols to be in place for interactions between Ministers and their staff. Kibblewhite identified public servants as 'insiders' who are trained to offer "deep, evidence based apolitical advice to ministers..." (2016). At the same time, they were expected to ensure the public good was maintained;

"Ministers are responsible for deciding the policy direction and priorities for their departments while public servants in the roles of policy advisors are expected to have the capacity to act properly for the current Minister, keep the public good in mind and deliver advice for ministers that provides, not just advantage for one or another preferred position or policy programme, but stewardship for the future" (Kibblewhite, 2016).

Differences between the roles of elected politicians and public servants were noted by interview participants. Rick commented that while politicians generally make the 'broad brush' decisions, public servants daily make major decisions about the use of resources.

"Huge decisions are made by officials. You can think of it as the government of the day setting the 'broad brush' and then particular decisions are made by the chief executives and below."

Rick (Central Govt. Politician)

This was reinforced by Beth, who commented that during her tenure working in the Ministry of Health, officials had substantial discretionary funding and were able to deliver many programmes that were not subject to political decision making.

"...that was nothing to do with the political process, it was because we as public health planners and funders had discretionary funding and as planners it was totally appropriate to decide how that money was spent,

and it did involve bidding and scoring within the senior management team to have the list.” Beth (Central Govt.)

Beth also noted ‘ego’ was sometimes a motivation for obtaining resources and the ubiquitous presence of ‘gaming’. This candid description of the coal face of departmental decision-making throws light onto one reality of everyday dynamics within government agencies.

“...I have to say like everything in the public service there is an element of “gaming the system” that goes on. So, you know, people like me have egos and every work stream has someone with an ego, so you tend to protect your own patch and you want to grow your spend. But you still have to convince the other people that your particular hobby horse is the right one to make the priority in any given year...” Beth (Central Govt.)

In contrast to this suggestion of self-interested behaviour by public servants, Rick commented on the high standard of professionalism and qualification of public servants they had experienced while working within New Zealand government:

“...the State Sector Act in New Zealand is the greatest thing in the world. I never realised until I was in that role (of Government Minister). It is the most astonishing thing; we get Chief Executives and their management teams who are second to none.” Rick (Central Govt. Politician)

Not all participants held the view that government agencies worked effectively and adequately provided services for child injury prevention. Josephine (who held the role of Chief Executive for a Non-Government agency) commented:

“...it is the people on the ground who do all the hard work. I get sick of the big money that is left in government agencies, and to do what? Sometimes it is difficult to see what is actually coming out of them.”

Josephine (NGO)

Despite such criticism, New Zealand's public service has been consistently credited with low levels of corruption and high ranking for the ethical conduct

of its public-sector employees.¹⁹ This reputation has sometimes been threatened by lapses in the conduct of individual public servants or the poor performance of a government department or agency (Radio New Zealand, 2017).

In 2004 a survey indicated that up to a third of New Zealand's public servants had witnessed misconduct within government workplaces. In response the State Sector Act was amended to include a Code of Conduct which provides guidance for public servant behaviour and requires New Zealand public servants to be "Fair, Responsible, Impartial and Trustworthy" (State Services Commission, 2013).

Public servants are simultaneously required to receive direction from their Minister and as part of their professional role, to also actively pursue goals and outcomes for the benefit of the public (Hartley, Alford, Hughes, & Yates, 2013).²⁰ One way public servants could influence political decision making was mentioned by interview participants. This is the opportunity to prepare documents referred to as Briefings for Incoming Ministers, or BIMs.

Briefings to Incoming Ministers (BIMs)

Briefings for Incoming Ministers (BIMs) are an important way a topic or issue might arise in Ministerial business and emerge as policy direction or agenda for a government agency. BIMs are documents prepared to inform new Ministers of the activities of an agency or department. Their importance was emphasised by Rick, who related this observation from his time spent as a Minister.

¹⁹Transparency International is a Non-Government Organisation which uses a Corruption Perceptions Index to measure corruption of public officials and government entities. The Index has consistently shown New Zealand as a country with low levels of corruption in its public sector, usually scoring in the 98th percentile and ranking either at the top or within the top three countries in the world (Transparency International New Zealand, 2018).

²⁰ The role of public servants is also discussed in Chapter Seven, referring to Hartley et al.'s research which also emphasises the necessity of public servants to be politically aware and the paradox that such awareness, and political competence can mean they can be 'less political' and interact less frequently with politicians than they otherwise might.

“...So, when a Minister becomes a Minister... the officials prepare a briefing. Basically, they say here is the state of child safety in New Zealand, this is your portfolio, here’s the sort of things we would like to do, and we would be interested to know if you would be interested to making a difference.” **Rick (Central Govt. Politician)**

In recent years various government agencies have released edited versions of BIMs on government websites. In June 2016 a Cabinet webpage hosted approximately seventy-eight online links to BIMs. Some links were to multiple BIMs, some BIMs were posted separately on departmental websites and others were available, but not online (Government, 2012).

Ministry of Health BIMs were reviewed for mention of child injury prevention. From 1984 to 2014, the Ministry of Health published thirteen BIMs. It was noted unintentional child injury was only intermittently included.²¹ When mentioned, child injury was identified as having serious impact. In 1984 the Director General of Health advised the Minister “there will be a need for further New Zealand information about how precisely child pedestrian deaths can be prevented and whether we are proceeding on the right lines” (Barker, 1984 Department of Health Report: p. 6). Ministry of Health BIMs published in 1987 and 1989 did not mention child injury though the latter document stated “Road accidents are a costly cause of death and disability” (Salmond, 1989, p. 9).

Child injury prevention was next included as a Ministry of Health priority nine years later in the 1993 BIM which stated “New Zealand’s record of (child) deaths from unintentional injury, especially motor vehicle crashes, is especially high” (Ministry of Health, 1993). During 1993 the Ministry of Health funded the first Safekids contract, establishing a small team (of two) at the newly opened Children's Hospital in Auckland. Safekids is discussed in greater detail in chapters one and seven. Ministry of Health briefings over

²¹ See Appendix 1 for the table of Ministry of Health BIMs, their date of publication, the change of Minister associated with the BIM and whether injury prevention or child safety is mentioned.

the next fifteen years focussed substantially on major health sector restructuring, rather than health issues (Blank & Burau, 2006).

The next mention of child injury to an incoming Minister of Health was in 2008, when it was noted that “Children in the most disadvantaged families and communities are at greater risk of illness and injury...” (Ministry of Health, 2008a, p. 27). This corroborated a 2008 BIM produced by the Accident Compensation Corporation which noted New Zealand's high rates of injury in comparison to other countries (Accident Compensation Corporation 2008, page 75).

The 2012 Ministry of Health BIM provided the next and most recent briefing that included child safety and identified it as an issue within overall concerns about child health, it stated; “Compared to other OECD countries, New Zealand children experience high rates of infectious disease, injury, maltreatment, and overall mortality” (2012, p. 12). The BIM included prevention as an option for Ministerial attention, “Ministers also have a number of choices about how the sector as a whole can be designed to better focus on prevention, early intervention and management of long-term conditions” (2012, p. 12). Child injury was omitted from the Ministry of Health Briefing for 2014.

Ministry of Health BIMs are often accompanied by other reports such as the New Zealand Health Survey (Ministry of Health, 2008b), Child and Youth Epidemiology Service Reports (Craig, Jackson, Han, & NZCYES Steering Committee, 2007) and Child and Youth Mortality Review Reports (2011) which enable agencies to identify issues so they can more effectively deliver intended outcomes.²²

The relationships between government strategic publications, Ministerial directions (written and oral) and departmental goals are complex and there is little or no research showing relationships between issues identified within these New Zealand documents and programmes. Neither is there research

²² Alignment between published academic work and government policy documents has been frequently discussed in recent years, with concern expressed that there needs to be greater use of scientific research within public policy decision making (Gluckman, 2013).

that demonstrates the degree to which BIMs are evidence based (i.e. the result of systematic scoping and collation of research and data) or descriptions of existing work programmes, which have been determined through internal processes.

Ministry of Health

The Ministry of Health has been a major funder of unintentional injury programmes in New Zealand. Over ten years (2005 to 2015) the Ministry provided fifty-five different organisations with contracts to deliver injury prevention services. These included District Health Boards, Public Health Units; Universities; local government agencies and community trusts (Ministry of Health, 2016a).²³

Beth held a management and policy role within the Ministry of Health during the early 1990s and described how she could promote child injury prevention within the budget priorities set by his team. The outcome of this action was the provision of Ministry contracts and funding, so organisations would deliver injury prevention programmes, many of which included child injury prevention activities.

“...the public health group would decide on its priorities for discretionary spending. We had sort of twelve or thirteen categories, sexual health, nutrition, physical activity, alcohol and drugs, injury prevention and so on. Now each one of those areas had a work stream leader and sometimes whatever came up onto the top of the list was the result of effective lobbying and advocacy by the work stream leader... and there was one year when child injury prevention was our number one priority and a range of internal mechanisms and strategies (had been used) to get it there...” **Beth (Central Govt.)**

Research participants in this study referred to the Ministry of Health’s engagement with academics. Beth provided an example where to make the case for expenditure of discretionary funds on child injury prevention

²³ See Appendix 2 for a table of Ministry of Health contracts.

programmes, she took the opportunity, as a senior manager, to include child injury statistics within a management meeting.

“One of them included a presentation at a staff day that was by an academic ... He had done an analysis of New Zealand’s child injury rates compared to other OECD Countries and lots of graphs and so on and so forth which didn’t put us in a very good light. I asked if I could use his presentation, then we had this senior management team meeting I was asked to do something. I started off with this that I wasn’t really supposed to do, but I just did it, making the point that injury, compared to other issues, was entirely preventable and we needed to do something about it.”

Beth (Central Govt.)

Beth presented the need to improve child safety in a way that was not fully sanctioned within those circumstances. Other interview participants also identified taking apparently unapproved actions in order to support child safety.

Ministry of Health contracts for injury prevention were implemented during the mid-2000s and onwards, and required territorial authorities to engage in collaborative injury prevention activities (Ministry of Health, 2000, 2016b).²⁴ Territorial authorities were required to establish and host injury prevention programmes, through Programme Advisory Groups (PAGS).²⁵ Programmes delivering across New Zealand, such as the Safe Communities Foundation New Zealand (SCFNZ) and local programmes such as Kidsafe Taranaki were provided with funds to carry out injury prevention activities and work closely with local government. These groups were visible champions of community-based injury prevention and safety promotion.²⁶

Support provided by the Ministry of Health was praised by another interview

²⁴ See Ministry of Health contract table Appendix 2.

²⁵ Local Government “Injury Prevention Programme Advisory Groups” (PAGs) were established and funded by Public Health Units across New Zealand during the early 2000s.

²⁶ The SCFNZ works with local government agencies across New Zealand to support Councils to demonstrate their fidelity to the World Health Organisation (WHO) Safe Community Model, thereby gaining accreditation.

participant, Maau who commented:

“...through support provided by the Ministry (of Health) who have absolutely funded the project, and the individuals within council who lead the project together with the individuals that the health sector provided, who have been implementing it. It’s really matured and in terms of seeing how the particular, vulnerable demographic (groups) are exposed to high levels of injuries, it’s been good work ... You know there are really good outcomes that have come from this project and continue to be delivered.”

Maau (Local Govt.)

Accident Compensation Corporation (ACC)

New Zealand’s accident compensation scheme is defined by the Accident Compensation Act that creates the Accident Compensation Corporation (ACC) which collects levies from eligible individuals and employers to deliver no-fault injury insurance cover for all people within New Zealand.

The ACC BIM prepared in 2014 identifies ACC’s commitment to delivering injury prevention initiatives for “everyone in New Zealand” (2014a, p. 14). Services for children are identified in the areas of child care entitlement for claimants (page 25); a proposed extension of support services for children with mild traumatic brain injury (page 14) and working with the Ministry of Social Development to support vulnerable children (page 22).

ACC’s legislation defines injury prevention activities as “the promotion of measures to reduce the incidence and severity of personal injury” and must demonstrate cost effectiveness (New Zealand Government, 2001). The Act states the Corporation must only undertake or fund injury prevention measures if the Corporation is:

“(a) satisfied that such measures are likely to result in a cost-effective reduction in actual or projected levy rates set under Part 6 or expenditure from the Non-Earners’ Account under that Part; or
(b) Parliament has appropriated money for such measures, and they are included in the current service agreement under section 271; or

- (c) money is available for such measures from any other source (such as a joint venture or sponsorship); or
- (d) any combination of any of paragraphs (a) to (c) applies.

(New Zealand Government, 2001 Part 7 Section 263(3)).

Under ACC legislation injury prevention activities are required to demonstrate cost effectiveness (New Zealand Government, 2001). ACC's focus on prevention activities demonstrating a cost benefit return is problematic for child injury prevention, which is a policy area where cost benefit calculations are applied with difficulty (Leung & Guria, 2006; Wren & Barrell, 2010).

Challenges for ACC's injury prevention efforts have also been related to factors outside this cost-benefit constraint. Since its introduction the Scheme's legislation has been amended because of political differences of opinion about the manner in which the Corporation receives funding (St John, 2010). A short history of ACC on the organisation's website notes that between 2000 and 2010 there were five substantial changes to the primary ACC legislation (Accident Compensation Corporation, 2018). In 2001 a Labour led government gave ACC a greater focus on injury prevention and an injury information manager was appointed to oversee the establishment of what was referred to as the National Injury Prevention Strategy (NZIPS Secretariat, 2003).

In 2005 the principle Act was renamed as the "Injury Prevention, Rehabilitation and Compensation Act" a title that was to be short lived. Four years later a change of government to a National-led coalition resulted in another change to ACC. In 2009 the government announced there had been an 'explosion of costs' and that ACC needed new leadership and a greater focus on 'value for money' (Smith, 2009). The principle Act was renamed the "Accident Compensation Act" dropping the reference to injury prevention. St John describes the Minister's so called 'explosion of costs' as an artifice used to justify ideologically driven changes to the financial

arrangements of the scheme which had the impact of constraining and reducing ACC's service delivery (St John, 2010).

Those interacting with ACC staff on a regular basis noted that these changes had a constraining and unsettling impact on the delivery of injury prevention services. This was reflected in participants' comments, Chaya noted 'another complete' restructure had recently occurred:

"I think there is an awful lot of uncertainty, especially about the financial stuff. You know changes to ACC; they have just had another complete restructure. They have shifted positions and moved things around significantly and changed things." **Chaya (Local Govt.)**

Beth also referred to the disruptive impact that constant organisational change had on ACC's involvement in community-based injury prevention programmes. The impression of ACC provided by interview participants was that it is a constantly changing organisation that does not maintain commitments to programmes.²⁷

One impact of these changes has been the development of lingering suspicions that ACC provides little for child injury prevention programmes. This was expressed by one interview participant.

"When we look at injury prevention as a whole (and that child and youth injury prevention are within it) we know the biggest amount of money for injury prevention sits with ACC. But injury prevention programmes, at a government level, are funded by the Ministry of Health. Yet ACC has the biggest amount of money. It is not weighing up. So it's - where is all that money going?" **Josephine (NGO)**

Others also noted ACC's shortfalls in child injury prevention delivery. Simpson (2010) noted that despite expectation, ACC do not always take a leadership role for the delivery of child injury prevention initiatives;

"It is generally assumed ACC is the agency responsible for injury prevention nationally and will always take a leadership role to actively

²⁷ The impact of ACC's restructuring is also mentioned in chapter 5 Collaboration.

promote child injury prevention ... Unlike other countries where injury prevention is part of Public Health, this uncertainty of responsibility leaves much of the prevention of child injury without consistent leadership or dedicated resources at government level” (Simpson J, 2010, p. 30).

ACC’s frequent organisational changes, coupled with its mandated requirement to fund only programmes of demonstrated fiscal net worth for account holders, seem to have created a perception of inconsistency and generated a lack of clarity and confidence about services delivered for child injury prevention. Interview participants also expressed a sceptical attitude (despite its positive evaluations) toward what was ACC’s major injury prevention initiative, the Injury Prevention Strategy.

The New Zealand Injury Prevention Strategy (NZIPS)

Strategic documents are created by governments to provide guidance for Ministries and others delivering programmes in affiliated and similar areas. In 2003 the Minister for ACC released the Government’s New Zealand Injury Prevention Strategy (referred to as NZIPS or the Strategy) as a way of providing leadership, monitoring performance and promoting collaboration across the government sector and for the benefit of non-government agencies working in injury prevention (New Zealand Government, 2003c).

“New Zealand’s Injury Prevention Strategy (2003)

Objectives and Actions

1. Raise awareness and commitment to injury prevention
2. Strengthen injury prevention capacity and capability
3. Design and develop safe environments, systems and products
4. Maintain and enhance the legislative and policy framework supporting injury prevention
5. Integrate injury prevention activity through collaboration and co-ordination
6. Advance injury prevention knowledge and information
7. Develop and implement effective injury prevention interventions

8. Ensure appropriate resource levels for injury prevention
9. Develop, implement and monitor national injury prevention strategies for priority areas
10. Foster leadership in injury prevention.”

New Zealand Injury Prevention Strategy (2003) page v

The New Zealand Injury Prevention Strategy (NZIPS) employed a Secretariat that oversaw the operation of the Strategy, engaged stakeholders, received advice and provided funding to organisations for recommended projects. The Secretariat routinely published strategies, reports and progress updates. These included evaluation reports on the impact and effectiveness of injury prevention programmes within New Zealand; a “Drowning Prevention Strategy – Towards a Water Safe New Zealand 2005 to 2015” (2005) and “falls” prevention strategy, “Preventing injury from falls – the National Strategy 2005 to 2015”.

Although child injury prevention was never released as a stand-alone strategy, strategies included specific references to child safety issues and identified evidence-based methods for addressing them (New Zealand Injury Prevention Strategy, 2003, 2005; NZIPS Secretariat, 2008, 2010, 2011; Wren & Barrell, 2010).

The benefit of having a New Zealand Injury Prevention Strategy (NZIPS) was noted soon after its introduction. In 2007 Coggan commented that in the past those involved in injury prevention and associated fields such as crime and family violence prevention, water safety and alcohol harm reduction had worked within their own silos with very little recognition of the links between them or consideration of how these issues could be addressed collaboratively. This improved considerably with the introduction of NZIPS, while at the same time the new Local Government Act 2002 also prompted greater collaboration between agencies (Coggan & Gabites, 2007).

Although NZIPS provided a useful overarching Strategy, constraints on its effectiveness were noted. In 2008 ACC contracted Price Waterhouse

Cooper to review New Zealand's Accident Compensation Scheme and this report identified difficulties with the Strategy. These included constraints due to ACC legislation requiring it to demonstrate 'returns' to account holders for prevention programmes and in addition the report noted the:

"...limited scope of the Secretariat function for NZIPS; i.e. while the Secretariat reports directly to the Minister for ACC, specific instructions have been given to ACC that it must not interfere in the responsibilities of individual agencies; therefore any ACC influence must be pursued via persuasion and cannot be mandated" (PriceWaterhouseCoopers, 2008, p. xiii).

Such limits appear to have had a significant impact as the report also commented that the New Zealand ACC scheme played a small role in prevention in comparison to similar private schemes internationally. New Zealand's lacklustre injury prevention record was noted in the 2008 ACC Briefing to the Incoming Minister, which stated "New Zealand's injury rate has a direct impact on the scope and cost of the ACC scheme. New Zealand has a high rate of injury relative to other countries" (Accident Compensation Corporation, 2008, p. 19).

Concerns about the effectiveness of NZIPS and ACC's injury prevention work were echoed elsewhere. In 2010 Langley concluded that "The establishment of NZIPS represented a bold and internationally unique approach to injury prevention, however the 5-year evaluation has raised some serious questions about its implementation" (Langley, 2010, p. 6). One research participant, Steffi, also raised her initial concern that the Strategy might not deliver the anticipated outcomes.

"A couple of things that have come up which have given a bit more focus to child injury are things like IPNANZ and the Injury Prevention Strategy (NZIPS). I am not sure where NZIPS is at. In theory it was going to be very good we thought, I guess it was 'watch this space'." **Steffi (NGO)** ²⁸

²⁸ The Injury Prevention Network Aotearoa New Zealand (IPNANZ) was an organisation funded by the Ministry of Health to promote networking and collaboration between academics and professionals working in the injury prevention sector. It was disestablished in 2017.

Despite these concerns, five years later a 2010 report on the Strategy identified positive outcomes were being achieved;

“... overall, injury-related deaths have decreased specifically in areas such as road crashes and workplace injuries owing to sustained activity and investment in injury prevention over a period of time” (NZIPS Secretariat, 2010, p. 1).

This ten-year evaluation report also noted the importance of child injury prevention and shortcomings in its management;

“Child injury prevention in children poses specific challenges in terms of requiring targeted interventions (e.g. child restraints). This is an area where injury is a major problem, but there is no national leadership, a lack of specific targets or priorities and a lack of co-ordination” (NZIPS Secretariat, 2010, p. 2).

Confidence in the effectiveness of the creation of multiple strategies to create focus, direction and consistency for injury prevention was not completely shared by research interview subjects. Beth expressed reservation about the overall approach of creating multiple strategies to address issues and commented:

“... (the previous government) ...was doing strategies all the time; they had about seventy at one stage. This current government haven’t done any. It’s much more action orientated and focussed on clinical issues perhaps because I think they probably felt the balance got out of kilter. And they may well be right...” **Beth (Central Govt.)**

The New Zealand Injury Prevention Strategy and its Secretariat remained in place for ten years, eight years after a change of the government which introduced it. In December 2013 the New Zealand Injury Prevention Strategy Secretariat was disestablished by the Minister for ACC. Official acknowledgement of its existence briefly remained online at the government ACC website, which said that an ‘injury prevention action plan’ would be developed and published and work on this is underway.

The changing face of death review in New Zealand

Investigation and reporting processes for death in New Zealand have changed substantially in recent decades. In 2002 the Child & Youth Mortality Review (C&YMR) Committee system was established and in 2006 New Zealand's Coronial system was completely overhauled through the establishment of a professional national Coronal system. These changes (considered well over-due) increased the timeliness of death reporting; improved responsiveness to the bereaved; established better investigation processes and improved systems for providing prevention advice for government sector agencies and the wider public (Law Commission Te aka matua o te ture, 2000).

Government departments are required to maintain a close interest in the accuracy of death certification (and the data this generates) to fulfil their statutory responsibilities. These include the Ministry of Justice (under the Coroners Act 2006); the Department of Internal Affairs (notification and registration of deaths) and the Ministry of Health, who have responsibility for administering the Burial and Cremation Act (New Zealand Government, 1964) and for the recording, analysis and international reporting of New Zealand mortality data (Law Commission Te aka matua o te ture, 2011).

In 2000 a Law Commission report noted New Zealand's Coronial System and death documentation processes were in significant disarray. This disarray resulted in lengthy delays, difficulties for bereaved families accessing information, and disorganised documentation systems leading to incomplete surveillance and reporting. The Law Commission report also drew attention to the reason death certification is an important part of government process:

“The State takes a vital interest in ascertaining, as precisely as possible, the cause of all deaths so that suspicions of foul play, homicide or neglect of human life can be fully investigated. The underlying objective is to identify practices that have cost human lives and then to modify or eliminate them” (Law Commission Te aka matua o te ture, 2000).

Six years after this critical report a new Coroners Act (2006) established a Chief Coroner's Office and created a national Coronial Service supported by administrative resources. Fewer coroners are employed, but each now must now be a qualified lawyer, undertake specialist training and report their findings to the Chief Coroner's Office. Although these changes have been heralded as a success, further changes are recommended. In 2010, just prior to his retirement Chief Coroner, Justice McLean described the process of death certification in New Zealand as still being an 'unholy mess' (McClean, 2012).

Child & Youth Mortality Review Committees (C&YMRC or 'the Committee') are statutory bodies appointed under section 59E of the New Zealand Health and Disabilities Act 2000. These committees conduct multidisciplinary reviews on the circumstances of child and youth death outside of hospital. In addition to a single, national C&YMR Committee, regional committees investigate each death and report to the National Committee who publishes information focussed on recommendations and system improvements (Baker & Griffin, 2015; New Zealand Government, 2000).

C&YMR Committees came into existence in large part due to the work of individuals who advocated for this process. Hans discussed how he and others with him first sought to bring in a system for reviewing the circumstances of a child's death that occurred in the community.

"...I wasn't the first person to come to the realisation that child injuries were a big cause of death, but mostly they didn't occur in hospital and there was a need for review of these deaths or some process for reviewing these deaths..." **Hans (Central Govt.)**

Whenever a child dies while in hospital, whether a Coronial case or not, the circumstances of that death are usually considered carefully by clinicians involved and a report on the care the child and their family is provided to either the hospital management or senior clinicians. This review is carried

out in addition to any Coronial or police investigations that might have been initiated during the death certification process (Ministry of Health, 2014).

In contrast to hospital death processes, prior to 2000 a child's death that occurred within the community (and was not referred to a Coroner) had limited investigation that often took extended periods of time to conclude. The final report did not usually reach the clinicians and community services involved (Law Commission Te aka matua o te ture, 2000). This situation generated calls for improvement, which in 2000 resulted in a change to legislation.

“....and over the years I and others agitated for there to be more systematic and universal review of child deaths (that occurred in the community) which we eventually got, with the last minute add on when Annette King put this into her New Zealand Health and Disabilities Act”.

Hans (Central Govt.)

Since its establishment the National Committee has published (and tabled in Parliament) a series of major reports on causes of child and youth death in New Zealand including reports on child driveway runovers, adolescent risk taking, suffocation and drowning. In 2011 the Committee reported to Parliament that over a five-year period (2006-2010) an average of 289 children in New Zealand (aged between 28 days to fifteen years) died annually. The largest number of children died from medical causes (n= 160: 55%); next was unexplained causes of death, which includes what is usually referred to as 'Sudden Unexplained Infant Death' or 'SUID' (n= 58: 20%); unintentional injury was next (n= 54: 18%); those who died from injury inflicted intentionally were the next group (n= 13: 4%); with a small number (n=3: 1%) reported as having 'missing data'. The accessible on-line availability of this information (and its detail) contrasts with the challenges of the earlier 1993 Children's Hospital Research Committee who, when attempting to report child death from injuries, commented that "Only 1991 data could be used (in this report) because of the difficulties involved in accessing and tabulating data..." (Lane, 1993; New Zealand Child and Youth Mortality Review Data Group, 2011).

Mortality data is now available in ways not imagined in the 1990s. The Australian Bureau of Infrastructure, Transport and Regional Economics (BITRE) provides monthly detailed public information about Australian road fatalities and the Centres for Disease Control and Prevention (CDC) publishes a Morbidity and Mortality Weekly (MMWR) Report of data about selected illness and causes of death from fifty American States (Bureau of Infrastructure Transport and Regional Economics BITRE, 2018; Centers for Disease Control and Prevention, 2018). Major data sets have also permitted the collaborative development and publication of the influential "Global Burden of Disease" studies (Gore et al., 2011).

During the 1980s and 1990s rapid improvements in the accessibility of data raised fears such technology might bring into existence a 'surveillance society' that would be typified by a 'grandiose, overarching technocratic dream of absolute control of the accidental, understood as the irruption of the unpredictable' (Burchell, Gordon, & Miller, 1991, p. 289).

Thirty years after such dire warning research suggests that regarding death data (at least), this anticipated dystopian outcome has not been realised.²⁹ In 2012 Bugeja et al drilled down into the detail within the Australian mortality data collections, looking into the specifics of what information had been collected, who had accessed it and how it had been used. The research showed that over five years from 2000 to 2005 there had been infrequent responses to the enhanced accessibility of this information. Despite improvements to death investigation and the collection and access to comprehensive data records, recommendations for change were few and far between. Researchers raised the concern this reflected a disjuncture between policy making and evidence, commenting that the infrequent use of the data reflected concerns more widely expressed about how to achieve more effective and appropriate use of research in the formation of policy (Bugeja et al., 2012; Gluckman, 2011, 2013).

²⁹ The evolution and use of 'Big Data' beyond the collection of death review information has been the subject much international discussion and debate- see the 'Six Provocations' paper (Boyd & Crawford, 2012).

In 2015 Baker and Griffin conducted a similar review of New Zealand Child and Youth Mortality Review Committee mortality data and recommendations. They noted a significant and steady reduction in the numbers of child and youth death in the fifteen-year period from 2000 to 2014. During this time the Committee had made 202 recommendations for policy changes. They stated:

"Recommendations from more recent reports have been implemented to a lesser extent. This is important for two reasons:

1. It demonstrates that a well-developed recommendation may still require a considerable amount of promotion and advocacy in order to be fully achieved. The time and resource required for such promotion and advocacy must be planned.
2. For recommendations that focus on areas over which the health sector has less influence, it is harder to achieve high levels of implementation. This suggests more effort may be required to grow greater influence outside the health sector" (Baker & Griffin, 2015).

Death data appear to have achieved an arcane standing, mostly filed and left and when accessed, used only partially successfully to argue for measures and programmes to prevent future death from the same or similar causes. Yet when actions based on this data are grounded in respect for the rights of children and their families and aimed at preventing future deaths, such data provide the basis of a positive contribution for the future (Fraser, Sidebotham, Frederick, Covington, & Mitchell, 2014).

Office of the Children's Commissioner

The Office of the Children's Commissioner (the OCC) was established in 1989 as a statutory agency to advocate for the interests and wellbeing of children and young people in New Zealand. This includes raising awareness and interest in children's rights and welfare, investigating and reporting on the welfare of children under New Zealand state care and encouraging the participation of children in decision making on matters relating to them (New Zealand Government, 2003b).

A primary function of the OCC has been to monitor and report on government's fulfilment of its responsibilities under the Children, Young Persons and Their Families Act (1989) and its advocacy has included raising awareness and submitting to government on child injury prevention issues. In 2015 the OCC submitted to government on the repeal of the Fencing of Swimming Pools Act (1987) to request the improvement and retention of safety provisions in any replacement legislation (Office of the Children's Commissioner, 2015a). In 2016 the OCC submitted to government's Transport and Industrial Relations Select Committee on the issue of children riding bicycles on footpaths, identifying both children's views and the safety aspects of the practice (Office of Children's Commissioner, 2016).

The Children's Commissioner Act (2003) also requires the OCC to take particular regard of the New Zealand Government's fulfilment of its obligations as a signatory of the United Nations Convention of the Rights of the Child (UNCROC) (Barrington, 2004). In 2008 the OCC Briefing to the Incoming Minister stated:

"The UN Committee on the Rights of the Child has called on New Zealand to build on our base of child health, education and community services to produce a more effective service system for children and young people" (Kiro, 2008).

The most recent Government (Fifth) UNCROC Report to the World Health Organisation in 2015, signed by the Children's Commissioner, again identified New Zealand's major child health challenges as its unacceptably high rates of child poverty and deprivation, the (poor) outcomes being achieved for children in State care and systemic inequalities for Māori children. Unintentional injury was also noted as an important child health issue in the UNCROC Report, mentioning recent government activities taken to address this:

"Safekids Aotearoa works at a national level to undertake preventative health promotion initiatives to reduce the incidence and

severity of unintentional injuries to New Zealand children. Unintentional injury is a leading cause of death and hospitalisation for children aged 0-14 years in New Zealand. Of note during the reporting period are the amendments to the Land Transport Act and Rules which improve road safety for children and Housing New Zealand's Driveway Safety Programme which seeks to minimise the risk of driveway injuries and deaths to children by auditing existing properties where there are children under the age of five" (New Zealand Government, 2015b, p. 34).

Monitoring government delivery of child injury prevention services is not a primary responsibility for the Children's Commissioner, yet the OCC identifies and responds to major child injury prevention issues, while at the same time acknowledging Safekids Aotearoa as having national responsibilities in the field.

The OCC and its Commissioner together play an important role as a commentator on the broader picture of New Zealand child rights and wellbeing, yet participants did not mention it during interviews. This is perhaps not co-incidental (or in any way reflective of the OCC's contribution to child safety). The OCC, as an Office of Parliament receives its own budget allocation which is for the Commissioner to use in the fulfilment of the Office's statutory duties. Child injury prevention programmes and projects receive funding from other sources, such as the Ministry of Health or ACC and as such, the focus of participant interviews was toward these agencies. In the context of building constructive social discourse about childhood in New Zealand, through their promotion of child rights overall, the OCC and its Commissioner provide a substantial contribution toward the benefit of New Zealand's children.

Power – Local Government

This section provides a brief overview of local government's political and legislative involvement in child safety and discusses how such activities are linked to arguments about what services local government should deliver. It includes interview participants' comments about the importance of local

government's statutory plans, Ministry of Health funding and the contribution of the Safe Communities Foundation (SCF) for establishing community-based injury prevention projects.

Interview participants drew attention to how integral local government agencies are for the delivery of community child safety programmes such as the provision of safe local roads, cycle ways and pedestrian paths, safe parks and playgrounds, swimming pool fencing enforcement, building safety, dog control and many other functions. Some activities are required by law, such as dog control measures (New Zealand Government, 1996), others are discretionary, such as the provision of free swimming lessons in Council owned pools (Wellington City Council, 2018). Despite the breadth and number of involvements local government has in the provision of child safety measures, interview participants identified challenges encouraging them to engage in child safety (beyond activities they are required by law to provide) and described measures needed to encourage local government to undertake child safety programmes and projects.

Local Government overview

New Zealand's local government agencies are collectively referred to as local authorities and consist of Regional Councils, Unitary Authorities, Territorial Authorities (City Councils) and Community (or Local) Boards. Local authorities hold elections three yearly, elected Members provide governance and consist of Mayors, Councillors and Community (or Local) Board Members. Local government politicians are directly elected by their constituents and can set and collect property tax (rates) and pass local regulations. However local government is subject to the authority of Parliament, through its law-making ability (Asquith, 2012; Local Government New Zealand, 2004).

The role and scope of activities undertaken by local authorities are defined by legislation (Local Government New Zealand, 2004). In 2002 local government in New Zealand was dramatically changed when the 5th Labour Government passed the Local Government Act 2002 (the Act), replacing the highly prescriptive Local Government Act 1974. Under the new

legislation elected Councils and their staff retained responsibilities for providing basic infrastructure services (such as maintaining local roads, removing rubbish and providing clean water) and their regulatory functions (such as enforcing building regulations and land use planning). In addition, they became empowered to deliver whatever services and activities are supported by their local populations (Asquith, 2012; Local Government New Zealand, 2004). This was a dramatic change which resulted in Local Authorities becoming more diverse in both their structure and functions. Local government's representative organisation Local Government New Zealand (LGNZ) commented on the impact of this change;

“(Councils)...can differ widely in relation to activities they undertake, as long as they have consulted their communities in making the decisions. As a result, there is considerable diversity in the range of activities that councils provide, reflecting the different circumstances that cities, towns and communities find themselves in’ (Local Government New Zealand, 2018).

To ensure elected Members take note of (and are constrained by) community wishes, the 2004 Act specifies how Councils must consult their communities and publish Long Term Council and Community Plans which identify proposed Council activities and explain how they will be funded (Local Government New Zealand, 2004; Ministry of Social Development, 2005).

Safety in local government – up for debate

The initial 2002 Local Government Act required Councils to consider “the social, economic and cultural well-being of people and communities” in their decision making. This was not an onerous or entirely new expectation and sat well with other legislation local government complies with when carrying out its functions (McSoriley, 2002). Local authorities have a long tradition of protecting public health by providing clean water and removing rubbish and waste. In New Zealand much of this health promotion activity stems directly from legislative requirements related to protecting public safety, including dog control; alcohol sales and food safety licensing; managing local roads

and ensuring pedestrian facilities such as school crossings are safe (New Zealand Government, 1996, 2012b). The Building Code requires buildings to be safe and swimming pools fenced to prevent child drowning (Ministry of Business Innovation and Employment, 2014b).³⁰ Councils, as employers must also provide workplace health and safety for their employees (Local Government New Zealand, 2004). Many Councils also engage with other services to support the delivery of community programmes, such as health education and sports. These activities are required by other legislation, for example Section 23 of the 1956 Health Act requires each local authority to “improve, promote and protect health of the people in its district” (Auckland Regional Public Health Service, 2006).

Ensuring New Zealand's local government is funded sufficiently to carry out its functions is a vexed issue. Unlike many overseas jurisdictions, New Zealand's local government receives only a small portion of its funding from central government and legislation limits its ability to raise income and provides very specific investment constraints (Allender et al., 2009). Local government's dependence on property tax (rates) has led to debate about Council involvement and expenditure on any activities other than those funded by central government or described as ‘core services’ (Lewis & Murphy, 2015). In 2010 these debates lead to an important and contentious amendment by the 5th National Government. This amendment, referred to as the Local Government Act 2002 Amendment Act (2010) removed clauses that required local government to ensure the ‘well beings’ of communities. The intended effect of this change was to require Councils to focus more on ‘core responsibilities’ and implement more expenditure control (McSoriley, 2010).

Council involvement in community issues (such as providing an injury prevention programme) is argued by some to be an additional financial burden for ratepayers and an ‘irresponsible’ duplication of services that should be provided by the private sector or central government (New

³⁰ Swimming Pools safety is discussed further in Chapter Eight – Case study – The rise and fall of swimming pool fences (see page 199).

Zealand Government, 2012a). The presence and impact of this view was noted by one research participant, Leilani, who had long experience promoting and supporting local government involvement in community safety:

“When you are in local government there is a very strong push to say we do not want to be engaged in anything that is actually the responsibility of central government. So, at a local government level you have to find other ways to continue to be engaged in some of that stuff (community safety) and it is much harder.” **Leilani (Local Govt.)**

Not everyone shared the view that local government was irresponsibly causing unwarranted costs for ratepayers by engaging in an excessive number of issues, and the need to limit local government activities was strongly challenged from within the local government sector. In a submission to the Local Government 2002 Amendment Bill (2010) Local government’s representative organisation, Local Government New Zealand (LGNZ) stated its opposition and concern about the removal of the need for Councils to attend to the ‘well-beings’ of their communities in its submission to the Bill:

“Given the lack of problem definition, the lack of any evidence to substantiate the general claims made by government about the impact of the well-beings, and the un-scoped legal risk associated with the change, the proposal to alter the well-beings appears somewhat reckless” (Local Government New Zealand, 2012).

Further comment by Leilani suggests the presence of the “Well Being” clauses in the 2002 Act had facilitated Council involvement in community safety activities and after their removal it became more difficult to promote safety.

That (i.e. Council involvement in community safety) has been made harder by the changes to the legislation and the pulling out of the four ‘wellbeing(s)’ as the central point of the Council’s way to operate.

Leilani (Local Govt.)

Local government expenditure was debated even after the 2010 legislation was passed. The supposed negative fiscal impact of local government's involvement in activities outside of their 'core responsibilities' was defined and signalled as 'a problem' by officials working within the Ministry of Internal Affairs. An April 2012 Department of Internal Affairs Briefing (BIM) advised a National government's incoming Minister of Local Government that:

“Central and local government are increasingly faced with a challenging fiscal environment, changing community and iwi expectations, and the availability of new technologies. Local authorities are under pressure to respond to these changes, while keeping both rates and debt as low as possible. This can be difficult” (New Zealand Government, 2012a, p. 4).

Others stated emphatically that New Zealand's local government agencies were spending wisely and not 'out of control'. In July 2012 LGNZ released a report from the New Zealand Institute of Economic Research (NZIER) which concluded “There is no consistent evidence that local government as a whole has been fiscally irresponsible in New Zealand over the last two decades”(Nicholls & Gill, 2012).

Some Councils provide safety programmes for their communities, but others appear reluctant, especially when those activities might be thought of as discretionary.³¹ This reduces certainty that all local government agencies will support the promotion of public safety beyond their statutory responsibilities (Morrison, Chalmers, Langley, Alsop, & McBean, 1999). Robert commented on the difference between two Councils regarding pool fencing enforcement:

“Contrast that (other child safety activity) with pool fencing, where enforcement is largely dependent on resourcing and policy within local

³¹ The installation of fencing around home swimming pools was initially proposed to happen by Councils voluntarily adopting a 'model' By-Law. Only a small number of Councils did this, and children continued to drown in home pools. Significant reductions in drowning only occurred when central government passed the Fencing of Swimming Pools Act 1987 which required Councils to enforce the installation of safety fences around pools (see Chapter Eight).

government. It is much more variable. Hastings has a strong history of enforcement. I have been actively involved in that, even to the extent of being asked by local government enforcement officers to go to a house to provide an expert opinion about whether a particular safety feature was scalable by a small child and why... Then you have the Napier City Council right next door, with effectively no, or almost no enforcement of pool fencing legislation.” **Robert (Central Govt.)**

In addition to arguments about whether Councils should be involved in safety, Council's lack of information about safety and lack of skills to establish effective community safety programmes were also seen as factors in Council's reluctance to engage in child safety activities. Leilani commented:

“I remember when I first went to Council and I started talking about crime prevention and of course the first thing they said to me was ‘that’s not Council’s business, the police are doing that’. ... So, I think that it is really hard for local government to figure out exactly what it’s going to do, so it needs help from those people that are working in the area, and it’s not just about banging on about how local government should be helping; it’s actually about saying, local government should be helping, because...” **Leilani (Local Govt.)**

Injury prevention advocates stress the importance of using epidemiological studies to make the case for the adoption of particular injury prevention policy and associated programmes, yet the relationship between quantitative data and policy is fraught and remains the subject of much debate (Gluckman, 2011, 2013). When there is not a direct relationship between injury data and priorities noted by community consultation, local authorities find themselves at the forefront of this debate. A senior staff member who worked in local government, Chaya commented;

“...we also develop projects depending what our priorities are from our local data and what our communities are telling us are their priority. Because sometimes those things are not aligned, sometimes the data is

quite different to what the community feel is really important to them. So those are two ways we look at how we are going to develop and deliver a project” Chaya (Local Govt.)

Councils are required to consult and are expected to consider community preferences, while at the same time ensuring and promoting public safety. The need for council staff to manage what might be competing priorities for spending draws attention to the need for information to assist decision making. Ready access to best practice injury prevention information and resources was addressed in the early 1990s when community injury prevention projects were started within New Zealand. The first five projects were started by the Public Health Commission in 1994 as pilots and in 1998 the Waitakere Community Injury Prevention Project (WCIPP) based at Waitakere City Council was accredited as New Zealand’s first World Health Organisation (WHO) Safe Community.³²

Safe Community projects are based on the WHO ‘Safe Community’ model of promoting safety through Councils encouraging widespread community participation and collaboration. The projects are usually hosted by Councils who contribute by providing office space and administrative support. They also receive funding from central government agencies (for example ACC and the Ministry of Health) and actively promote collaboration and interactions across their communities. The Safe Communities model makes safety expertise and advice available, while providing opportunity for community organisations, groups and individuals to identify local safety concerns and seek solutions in conjunction with Council and central government staff. During the early 2000s Safekids Aotearoa provided support for the Auckland based community injury prevention projects by sending staff to attend meetings and providing resources.³³ Safekids also published ‘advocacy guides’ on promoting local government involvement in child injury prevention activities (Safekids, 2004). These projects assist

³² The Safe Community Foundation is discussed on pages 21 and 58. It is also mentioned in the chapters on power and collaboration.

³³ As Safekids Senior Policy Advisor I routinely attended Auckland Community Injury Prevention Project meetings over a period of five years. These projects were hosted by the legacy Auckland City, Waitakere City and Manukau City Councils.

Councils by providing avenues of advice about effective injury prevention measures, ways to appropriately offer these measures for collaborative uptake and the means to facilitate their adoption within and by communities (Johnston, 2011).

Despite the National government legislating to remove the need for Councils to take 'well beings' of communities into account and ongoing debate that local government activities needed to be curtailed, during the later 1990s and 2000s local government involvement with injury prevention projects grew and by 2017 the Safe Communities Foundation website listed 26 Safe Community projects (Safe Communities Foundation NZ, 2018).

The impact of this growth has been to change the nature of local government's involvement in delivering safety programmes. These programmes provide links between local government, injury prevention research and communities and have been consistently evaluated as effective for achieving a range of improved community safety outcomes. Six years after community injury prevention projects were started they were evaluated by Auckland University Injury Prevention Research Centre who noted that "Evaluation findings have highlighted the powerful (positive) effect that (these projects) have had with regard to the institutionalisation of injury prevention within local authorities..." (Coggan, 1995a, 1995b; Coggan & Gabites, 2007; Coggan & Peters, 2008).

Child safety in local government

Local Government's child safety activities include collaboration with central government agencies such as the Ministry of Health and ACC to deliver programmes and the adoption of the WHO Safe Communities model, which includes child safety as an important component of service provision for a vulnerable population group (Spinks, Turner, Nixon, & McClure, 2009).

New Zealand's largest local government agency, Auckland Council included a child injury prevention target at the highest level of its inaugural strategic plan. The Local Government Act (2002) requires Councils to consult widely in order to create and publish Long Term Strategic Plans. Legislation that

established Auckland Council also included a requirement for the Council to consult and publish “The Auckland Plan” in order to;

“...contribute to Auckland’s social, economic environmental and cultural well-being through a comprehensive and effective long term (20 to 30 year) strategy for Auckland’s growth and development” (New Zealand Government, 2009 Part 6: Section 79: Clause (2)).

This 'Auckland Plan' (the Plan) was developed between 2009 and 2011 through widespread consultation and released online by the Mayor of Auckland in 2012 (Auckland Council, 2012). It is a massive document of fifteen sections used by Council staff to identify which programmes and projects to develop and implement. Chapter One includes a target to;

“Reduce the number of child hospitalisations due to injury by 20% by 2025” (Auckland Council, 2018a).

The presence of a target to reduce child injury hospitalisation within this first version of the Auckland Plan reflected acknowledgment of child injury as a problem and a recognition Auckland Council can influence its prevalence. Leilani (who was not associated with the Auckland Council Plan) stressed the importance of having child and community safety included within local government documents, such as Council strategic plans.

“It’s got to be in the ‘Plan’. It has to be in the Long-Term Plan and in the Annual Plan. It’s got to be on the Council’s agenda. So, like that thing I just read to you where it says, ‘this council is about making the city safe’ then that is enshrined in the Long-Term Plan. Some of the projects might change, but the ethos of wanting to be safe and wanting to be connected and wanting to have social cohesion and wanting to work as a community is not going to be lost.” **Leilani (Local Govt.)**

The inclusion of a child injury hospitalisation target into the Auckland Plan meant child injury was (and is) identified as a problem by Auckland Council's decision makers. Child hospitalisations then become a target or indicator of the success or otherwise of Auckland Council's child safety activities.

Kingdon discusses the concept of indicators as important for defining policy problems.

“Decision makers and those close to them use the indicators in two major ways: to assess the magnitude of the problem and to become aware of changes in the problem” (Kingdon, 2003, p. 91).

Having a child injury hospitalisation target in the Auckland Plan means decision makers compiling the final report made a deliberate choice that this should be included. Within the cohort of interview participants of his study of Capitol Hill staff, Kingdon identified the presence of individuals he referred to as 'policy entrepreneurs' (Kingdon, 2003). These individuals described themselves as “advocates for proposals or for the prominence of an idea” and their presence, Kingdon suggests, is a feature of successful policy adoption (Kingdon, 2003, p. 122).

Leilani stressed the importance of Council Strategic plans and the need for 'getting something into the plan' describing how she used her influence to ensure safety was included in their Council's Long-Term Plan (not Auckland). First, she stated, it is important to ensure the broad issue is acknowledged and present at a high level:

“...it's about making sure that what you want to do is there, not about specific projects but about the broad issue. What would be the vision, if you like, around the prevention of child injuries, that you somehow or another wanted to 'enshrine' and could that be dealt with through things like social cohesion, connectedness, communities, families, young people, those sorts of things?” **Leilani (Local Govt.)**

Next, Leilani stressed, it is important to act to ensure the specific issue (that is being championed) is recorded in ways that will require acknowledgment and discussion by decision makers;

“That was the thing I did while I was there, it was one thing I achieved was to get safety related issues into the (Council's) Long-Term Plan and annually that would come up so that people were talking about that issue every year around the council table.” **Leilani (Local Govt.)**

Kingdon differentiates political windows from problem windows in the policy development process. A political window might open, Kingdon suggests, when a new politician is elected, or politicians governing the organisation adopt a new direction or proposal (2003, p. 165). Interview participants who were (or had been) employed in local government discussed their interactions with politicians and how they might use those interaction to advance ideas for policies and programmes. One interview participant's comment indicated there are informal (or casual) opportunities for interaction between local government staff and elected officials that are not formally recorded. Chaya explained how opportunities for interaction between local government staff and their elected officials vary, even within Councils.

***“Interviewer:** As a team within Council, did you ever engage with the politicians? Or did you only engage with the other officers?*

***Interview Participant:** It's always a bit of a balance between the two. Sometimes you need to engage with the politicians, and sometimes that is through the submission process, or sometimes it's possible to develop personal relationships. Some structures allow you to have them, some don't. It depends on the situation.” Chaya (Local Govt.)*

This variation and such opportunities for informal exchanges between politicians and staff differs from central government, where Parliamentary conventions (for example the Cabinet Manual) and State Services Commission guidance (such as the State Services Code of Conduct) directs and constrains such interactions between politicians and public servants (State Services Commission, 2018).

Kingdon noted that in Capitol Hill political decision makers sought out connections with community networks, a finding consistent with New Zealand interview participants (Kingdon, 2003). Maau commented that an essential part of a local government politician's leadership role was their involvement and communication with community leaders. The following comment demonstrated his observation that collaboration between a

community leader advocating for an issue and a local government political decision maker was a powerful catalyst for action and change:

“If you have strong community leaders who really believe in why they are standing up for a certain issue and working within a certain issue within the community then that in itself is a catalyst for change and encouraging decisions (within Councils). Where it’s got real strength is where you have a community leader who is passionate and clear and working alongside a politician with similar concerns.” **Maau (Local Govt.)**

In another example of staff working to promote safety, Chaya described working with other staff within local government to improve playground safety. Chaya had many years expertise in child safety programmes within local government and provided a description which illustrated the role of the policy entrepreneur within council and the importance of local government staff working together;

“We also did a significant amount of work with our parks playground person. We ended up with (named) Park, which has the spider frame rope climbing frame apparatus. You know in the start it was too hard, too expensive and (they kept saying) ‘Councils don’t know anything about it’, but you know by working quietly with the people who do these things and manage parks and do make decisions on what the budget will be spent on, we were able to change their thinking around child playgrounds.”

Chaya (Local Govt.)

Conclusion

The theme of ‘power’ revealed how New Zealand Government employees (central and local) play an important role in the provision of regulations, programmes and environments which protect children and enhance their safety. Policy initiatives such as the introduction of improvements in death review, the New Zealand Injury Prevention Strategy and continued vigilance of the Office of the Children’s Commissioner have been important. The complexity of government was identified, and research participants explained how government ‘insiders could mobilise resources and promote

actions'. Those 'outside' of government were also identified as important influencers, which is discussed further in chapter seven, on advocacy and lobbying.

Debates over whether local government should be involved with delivering child safety programmes are important, yet despite these, staff and politicians working within local government agencies demonstrated how they have persisted in ensuring child safety is (and has been) identified in ways that provide commitment for future actions. The contributions of organisations (such as the Safe Communities Foundation) to inform and empower local government involvement in child safety, are also important.

CHAPTER 4: FINDING FUNDING AND THE VALUE OF CHILDREN

“At the end of the day, money makes the world go around and if we don’t get that right, we’re going to struggle in everything else”

Josephine (NGO)

This chapter explores the social value we place on children and difficulties research participants reported when they were attempting to find funding for child safety programmes. It briefly reviews participants’ comments about funding child injury prevention and presents a brief overview of the sociological literature on the value of children and common methods employed by government agencies to value human life. The chapter concludes with a discussion of how these understandings and methodologies might create challenges for those promoting child safety programmes.

A disjuncture is noted in how cost benefit is presented in child injury prevention advocacy, the way ‘finding funding’ was discussed by interview participants, how children are accounted for in cost benefit analyses and government requirements for cost benefit analyses.

Finding money for child injury prevention projects and programmes was an important and challenging issue for interview participants³⁴. They discussed seeking funds from within their organisations and other sources for a range of reasons that included the purchase of safety equipment, creation of educational resources and to host workshops and community meetings. Participants described seeking funding for child injury prevention as a struggle. This was reflected in Steffi’s comment;

“In a lot of ways Plunket does have a lot of wonderful things going on, but it is very hard to get money for (injury prevention) things. Not only is it

³⁴ The terms ‘project’ and ‘programme’ are used (often interchangeably) to describe different but similar activities. A project is usually considered of shorter duration and includes a limited scope. A programme is usually a government commitment an activity of a longer duration, involves a wider scope of actions and includes more participating groups and individuals.

hard to get people internally to raise the need for it, but also then to go out there and find it is increasingly difficult. Steffi (NGO)

Theme – Finding money for child safety

Funding for child safety was a recurring theme throughout research interviews. Some interview participants shared their experiences about allocating funding while others shared their perspective of individuals applying for funding. Comments were also made about how funds were accounted for the constraints of inadequate funding and the impact of having no funding for child safety projects. It was notable, given recent government emphases on cost benefit analyses that there were few comments about this by participants, with only one speculative comment by one participant who worked outside the public service.

Organisations most acknowledged as providing funds for child injury prevention programmes were the Ministry of Health and ACC. This was stressed even for projects delivered by local government agencies. One local government manager Maau, identified support for injury prevention was provided by the Ministry of Health:

“First, the (Local Government) budget for injury prevention isn’t funded from rates, it is funded from the Ministry of Health, and there is rates funding that does support the injury prevention work, I am sure, but predominantly what we do within our team for injury prevention is Ministry of Health funded.” Maau (Local Govt.)

Steffi commented on financial support provided by ACC.

“ACC has been a really good provider of pockets of money at times. They provided things like a stair gate project, we had also change mats which had a falls prevention message on them that we gave out to families through the Plunket nurses.” Steffi (NGO)

Discretionary funding was available from departmental budgets which Ministry staff could allocate without reference to politicians.

“There was a good deal of flexibility around how you spent discretionary dollars in my period as a Public Health Planner and Funder. It wouldn’t be the case now, but most years you’d have around about between one and two million (dollars) discretionary funding available.”

Beth (Central Govt.)

Beth recalled her discretionary budget provided funding for the Injury Prevention Network of Aotearoa New Zealand (IPNANZ), which became a long-standing programme (until closed in 2016) that provided networking and support for the New Zealand injury prevention workforce.

The way funds are allocated to programmes is important ‘insider knowledge’. Beth also described how during her time working within the Ministry of Health opportunities were taken for providing funding to injury programmes, especially noting the value of having, at that time, substantial flexibility and discretion:

"The money we got from that year when it (injury prevention) was the top priority was used to initiate a range of programmes that are still going. It was how IPNANZ got its first funding... It was also the money we used to extend the community injury prevention pilots. So how that was spent depended on processes within the HFA (Health Funding Authority) and RHA (Regional Health Authority) or within the Ministry, and to who was successful within funding teams around getting money."

Beth (Central Govt.)

Factors external to government also impact on the availability of funding. William noted how the availability of all government funding for projects changed after the Global Financial Crisis (GFC) in 2007, which was described as ‘the squeeze’:

“But of course, it was also a period when there was more money around and there were new initiatives, whereas when I got onto the Ministry of Health in 2007 was bad timing on my part, ‘the squeeze’ came on.”

William (Central Govt.)

Rick also noted the response of government to the 2007 GFC from the perspective of someone in a political role;

"Ministers have given the Chief Executives a very stern view of their baselines, and so the Chief executives in turn have to turn the screws everywhere they look. So, it's not the Ministers that decide that discretion it will be the Chief Executives, but the Chief executives have a clear direction that there is no more money." **Rick (Central Govt. Politician)**

Research participants noted child safety projects were sometimes supported through funds and resources being 'cobbled together' by multiple groups. Whenever 'the squeeze' became evident, discretion was reduced, and projects were retrenched or stopped.

"...we had a deal with ACC, police, MSD and Health, all putting some money in (for this project). But then when the squeeze come on all of our budgets. We all started to draw back and say, well I can only fund what I am mandated to fund, I can't find extra money for something like this. So it wasn't because any of the players thought this was a waste of money, it was because we were not mandated to do it." **William (Central Govt.)**

Resources for child injury prevention projects were sometimes provided generously, sometimes in a constrained manner, sometimes as money and sometimes as resources. Sione recounted her experience of funding constraint during the promotion of one project;

"Stakeholders said that they wanted it, but when it came down to supporting it, nobody had any capacity to do anything extra. There was no funding to do anything extra, there was no time, people did not have time in their roles to do anything extra, and so it was, what was it, really just repackaging what was already existing" **Sione (Crown Entity)**

The attitudes of politicians to the funding of projects was noted as important. In another situation within local government, Salesi noted that when they were applying to Council committees for funding, the responses of elected

members to the proposals gave a clear indication as to whether or not funds would be forthcoming:

“...if you were very quickly attacked, personally, by people who didn’t agree, then you knew straight away then there was no way that we were going to get funding.”

Salesi (NGO)

Another interview participant Robert, noted the importance of the ideological orientation of political leadership in regard to government expenditure, and the implication of this for child injury prevention funding in the future.

“So, what does the future hold? I think with a centre right government we are very unlikely to see much more movement on any environmental change that is likely to cost money” **Robert (Central Govt.)**

Interview participants did not comment directly about cost benefit analyses of programmes, so it might be assumed this was not at the forefront of consideration about programme delivery. Only one participant commented about economic issues, to wonder about work carried out on the economics of child injury prevention:

“I don’t know if anyone has ever done anything around thinking about injury economically, if we know how many hours are lost through injuries, but sometimes people are not connecting that to what’s that doing within local government in terms of the economy of that community. Not that I want to put a monetary value around this to prompt people to have to do something about child injury, but I think sometimes you have to find ways to approach it differently than we have perhaps in the past.”

Leilani (Local Govt.)

The apparent lack of discourse about the cost effectiveness of child injury prevention programmes in relation to everyday programme development and funding (i.e. outside of academic injury prevention literature) may be due to the complex and changing way society views the value of children.

Social value of children

Injury prevention literature promotes positive ‘cost benefit’ outcomes of injury prevention programmes (MacKay et al., 2006). The major premise for this approach is that policy makers will invest in prevention measures that are shown to be both effective and provide a return on investment. This masks a stark truth, it presumes governments and political leaders require it to be demonstrated that it is less expensive to save the lives of children, than to let them come to harm (Friedlaender & Winston, 2004; MacKay et al., 2006).

The question of ‘what value we place on children’ underlies cost benefit discussions. Ambivalence toward children is an everyday phenomenon. Some adults will risk their lives to save a child (Hannan, 2012; Strongman, 2014) while others require support to provide children in their care with basic essentials and a safe environment (Dubowitz, Feigelman, Lane, & Kim, 2009). This ambivalence creates challenges for applying cost benefit analyses to establish the level of investment required for protecting children from injury (Leung & Guria, 2006).

Jivin noted that whether child injury prevention programmes received funding or support appeared to be dependent upon the availability of money and the personal and political philosophies of those who allocate it:

“The objections (about funding injury prevention) have nothing to do with the science; the objections have got to do with personal and political philosophy; and money.” Jivin (Crown Entity)

In her influential book “Pricing the Priceless Child” Viviana Zelizer traces how American attitudes towards the value of children changed from considering them as workers within families, to regarding them as family members whose care had moral implications for all of society. Zelizer traced the development of road safety measures in the USA during the 1920s. These measures were developed in response to widespread public outcry against children being killed or injured by cars while they played on the streets. Zelizer followed American society’s changing responses and

demonstrated the emergence of strongly held public opinion that preventable child pedestrian injury was unacceptable, and even morally undesirable.

“The statistical magnitude of the problem, well publicised by safety groups, now became compounded by the social ‘discovery’ of its moral significance” (Zelizer, 2012).

Compulsory education of American children was also hotly debated at the time it was introduced, Zelizer explains, primarily because of the view that children are better off when considered for their earning capacity and as useful contributors to household economies. The opposing debate argues it is more socially beneficial for children to be kept apart from the economic disciplines and realities of the adult workforce and educated as an investment in the future of society. Compulsory education and the idea of children as a social investment prevailed which, Zelizer points out, lead to the ‘sentimentalisation’ of children where they are perceived as “economically worthless” but “emotionally priceless” members of society (Zelizer, 1985, p. 3).

Criticisms of the work were that, while Zelizer describes this significant social change in attitudes, she does not adequately provide a reason for these changed attitudes or sufficiently explore the impact of this ambiguity and the opposing points of view (Postman, 1985). Zelizer’s work however led to a sociological focus on childhood consumerism and has subsequently generated sociological work on the economic costs of parenthood and child welfare benefits (Zelizer, 2012).

An often-overlooked implication of Zelizer’s work is how the ‘value’ of children should be ‘accounted for’ within government policy. There is very little work on how this accounting should be calculated and measured. The absence might reflect the changing ways society values children combined with the discourse that positivist cost benefit analyses are ‘value free’ tools that should be used by government agencies to determine the allocation of resources and that is it too challenging to shift focus and attempt to include ‘values’ factors into such equations (The Treasury, 2015).

Cost benefit and child safety interventions

Measuring the value of human life for policy and resource allocation purposes has become established as expected practice for policy development. Government departments are expected to use cost benefit analyses for assessing programmes and submitting funding applications. Business cases are required for road safety funding applications to the New Zealand National Road funding programmes and include economic tools such as Quality Adjusted Life Years (QUALYs); Disability Adjusted Life Years (DALYs), Value of Statistical Life (VoSL) and Net Present Value (NPV) (New Zealand Transport Agency, 2015).³⁵

Problems emerge when attempting to ‘prove’ injury prevention interventions are cost effective. There is scarcity and variation of economic evaluation of injury prevention programmes, with a systematic review in 2012 suggesting greater harmonization and rigor in injury prevention economic evaluations was urgently required (Polinder et al., 2012). Issues also arise when the nature of the programme makes it difficult to demonstrate economic benefit. It is difficult to relate to the provision of swimming lessons to drowning reduction in a population, for example. Enjoying water environments is part of healthy activity and knowing how to swim is lifesaving in some circumstances, in other circumstances swimming in the context of an inadequate assessment of an environmental danger (such as swimming at an unpatrolled surf beach) increases the risk of drowning (Wallis et al., 2014).

The first ‘World Report on Child Injury’ published by the World Health Organisation in 2008 dealt directly with the issue of cost-benefit and child injury prevention by confidently drawing attention to the economic benefit that can be achieved through preventing child injuries. “The cost-

³⁵ Expenditure on NZ’s National Land Transport Programme (NLTP) is guided by the Minister’s policy statement and an analytical framework that includes safety; however, business cases with cost benefit analyses are an increasingly important requirement for funding applications. The ways projects are evaluated, and the tools that are used for this evaluation change from time to time so individuals applying for funding must regularly be updated on the most recent economic measures and ways of presenting business cases for their applications.

effectiveness of some child injury prevention strategies has been found to be at least equal to that of other well-accepted strategies to prevent childhood illnesses” (Peden et al., 2008, p. 150).

However, cost benefit analyses are not as simple and formulaic as they appear. Ongoing problems exist. One difficulty lies within the methodological basis of these estimations. The Value of Statistical Life (VoSL) measure widely used in road safety is based on what adults would pay to save the life of an adult, for example. A 2006 Leung and Guria study evaluated this method for estimating a social value of children and concluded that:

“It is often argued that the values for children may be higher than that for adults because parents are usually more concerned about the mortality and morbidity risks of their children than for themselves. However, it is not an easy task to determine separate VOSLs for children and adults. Only a few empirical results are available, and they do not show a definite pattern... (in this study...) no definite conclusion could be drawn” (p. 1208).

Leung and Guria make it clear the tools for cost assessments and business cases are underdeveloped and imperfect for assessing expenditure for the health benefit of children.

The inadequacy of cost benefit calculations for children has an ongoing impact for child safety policy and programmes. Leung and Guria also note that:

“Modern transport patterns pose a significant threat to children in terms of road safety, health and environmental risks. To enable appropriate transport decision making to address children’s needs, it is therefore desirable to have specific cost and value measures of health and safety impacts for children. Significant differences in the VOSL for children and adults would strongly influence transportation policy developments such as regulations and enforcement concerning child restraints and other safety issues related to school

bus and school patrol, etc. A higher value for children would result in a higher funding priority for safety projects/programmes that focus on children” (Leung & Guria, 2006, p. 1208).

Other economists simply refer to the difficulty of considering ‘discount rates’ when the period under consideration extends many years into the future and note that for this reason alone, children’s interests cannot easily fit into standard government policy cost benefit calculations. Given the debate about the relevance and integrity of attempting to attribute ‘cost’ to the life of a child, the Injury Prevention Strategy Secretariat (IPS) strongly recommended more research and further debate in the prioritization of injury prevention services for children (Wren & Barrell, 2010).

Challenges prioritising children

Global Burden of Disease studies of injury are primarily about the economics of injury prevention. They emphasize the economic benefit of saving lives against the less expensive prevention interventions and were written to provide an advocacy platform for increased government investment in injury prevention measures. This evidence-based, multidisciplinary scientific and economic approach is credited with achieving huge gains in government investment and reducing human suffering on global levels (Haagsma et al., 2015; Spicer & Vallmuur, 2015). These studies have also helped mobilize philanthropic funding for life saving projects, such as the Bloomberg Initiatives for Global Road Safety (2015 to 2019) that provide safety programmes at local, national and international levels (Bloomberg Philanthropes, 2015; The Treasury, 2015).

In contrast to the many studies describing adult epidemiology, few Global Burden of Disease studies have been published for younger age groups. The first was published in 2011. The authors of this report noted an inherent bias against children, based on age; “The health of young people has been largely neglected (in burden of disease studies) because this age group is perceived to be healthy” (Gore et al., 2011, p. 2093).

The call for measures to improve road safety for both children and adults provided the impetus for the development of both scientific research and institutions such as the American National Highways Traffic Safety Authority (NHTSA). One of the hallmarks of road safety research has been the systematic collection of large amounts of data and their careful analysis and application to prevent avoidable trauma and to save lives. This focus on measuring the numbers of crashes and their characteristics has been a feature of global initiatives for road safety (McClure, Stevenson, & McEvoy, 2004; The Editor: The Lancet, 2011).

In the early 1990s Roberts and Coggan (1994) examined the official description of a road crash event, proposing the use of language in the reports illustrated the unequal status of children against economic interests. The authors noted that at each stage of the investigation the incident was attributed to the child's behaviour, while other factors, such as vehicle speed, road engineering, the need for the child to cross the road at that location and the absence of a safe crossing place were ignored.³⁶

"The case presented illustrates how responsibility is located with the child, whilst structural contributors, in particular aspects of the transport system, are ignored. The strength and pervasiveness of the ideology of victim blaming in child pedestrian injuries is explained by the special position that the road transport system holds in relation to dominant economic interests. Victim blaming ideology is a strategy that serves to maintain these interests at the expense and suffering of children" (Roberts & Coggan, 1994).

Government transport agencies have a responsibility to uphold the government's strategic commitment to safety when building roads (Ministry of Transport, 2010). At the same time economic benefit must be considered

³⁶ The injury prevention community completely reject 'Victim blaming' as a response to the occurrence of injury. For example, the Government's Road Safety 2020 Strategy incorporates the 'Safe System' approach. This approach accepts the fallibility of human decision making and requires road engineering to incorporate margins that protect individuals against fatal outcomes from driving errors or 'mistakes'. The policy has a tag line that asserts "People make mistakes" See: www.saferjourneys.govt.nz/about-safer-journeys/the-safe-system-approach accessed 11/08/2017

when they apply for road safety project funding. These agencies must include business cases that consider costs and benefits. Projects that do not demonstrate a positive financial outcome in their applications are less likely to be funded (NZ Transport Agency, 2016). This causes difficulties when local communities seek funding for projects where, while the situation may expose children to danger, the cost benefit case is not easily arguable, such as building a road-bridge so children can avoid crossing a busy road (Cousins, 2017).

Even when funding is not required, difficulties between local and national priorities can emerge. In June 2008 a Tauranga schoolgirl was killed by a truck as she waited to cross a major road by the main entrance to her school. The persistently high speed of vehicles using this road as a major highway was identified as a contributing factor and the Council and local community sought to reduce the speed limit to avoid future tragedies. The move was opposed from an unexpected quarter: NZTA made a submission to the Council opposing any lowering of the traffic speed because, they argued, the road provided an important access from the port to the national road network. This was an unstated, but inferred argument that a reduction in speed would result in negative economic impact for businesses (Radio New Zealand, 2008). In October 2008 Tauranga City Council passed a resolution that reduced the speed limit outside this school to the usual suburban limit, rather than leaving it at the faster open highway speed. In this case the local Council, supported by active advocacy from the community, considered the implementation of a safety measure as the overriding priority and implemented the changes (Tauranga City Council, 2008). However the issue was hotly debated between the agencies and became so contentious that the local Member of Parliament raised the issue in the House to champion the local Council's position (New Zealand House of Parliament, 2008).

The value of measures for preventing child death has also been questioned at senior levels within government. In 2013 the Minister for Building and Housing released a consultation document on the Fencing of Swimming Pools Act (1987). The Minister's foreword invited the public to:

“Please ask yourself whether the Ministry’s proposals strike an acceptable balance between protecting young children from drowning and the practicality of the rules for pool owners and councils” (Williamson, 2013c, p. 2).

The Minister was appealing to the wider community to weigh the ‘practicality’ (cost) of ‘protecting young children’ (preventing children from drowning) against the compliance costs of fencing spa and home swimming pools yet to be purchased or built (2013b).

In 2015 a Bill was tabled in the House and referred to the relevant Select Committee for public consultation (New Zealand Government, 2015a). Most submitters (115 of 183 submissions) rejected the proposed legislation, the Bill needed to be significantly redrafted to improve child safety. Despite objection in 2016 the legislation was passed, largely as tabled (New Zealand House of Parliament, 2015).

Cost benefit analyses that use statistical methodology alone have been tabled in local Government meetings. Hamilton City Council faced a planning question of which should be preferred, permitting the location of garages on street frontages in areas of special significance thereby reducing the risk of a small child being driven over when on a driveway or prohibiting the location of garages on street frontages, potentially increasing the risk of a driveway run-over. An engineering company was contracted to advise the Planning Commissioners on an appropriate balance between the aesthetics of open street frontages as opposed to imposing measures which would separate children from places vehicles move (especially driveways) to ensure their safety. The report calculated risk according to the numbers of people in the affected population, the national incidence of child fatalities from driveway run-overs and the likelihood of a child being killed in a local driveway. The resulting formula identified that although the risk of a child being driven over would be increased with aesthetics being accommodated, it was estimated as a sufficiently small increase as not to warrant being taken into account (Gray Consulting Engineering Ltd, 2013). The recommendation to ignore an acknowledged increase of risk is strongly

challenged here. Death is an irretrievable consequence. This report measures a child's death (and its wider impacts) against the value of subjectively assessed street frontage aesthetics, which can be changed. The second premise challenged is that it is justifiable to increase the risk of a child's death if it is only by 'a very small amount'. This belies the uncertainties of the probability calculations used. These identify a young child's death will occur in a driveway (and will be more likely to occur) but does not (and cannot) predict to whom or exactly when. Third, the report's recommendation implies it is acceptable for local government Planning Commissioners to knowingly increase the risk of a child's death in a driveway (if it is by a small amount) but it does not specify who agrees they may, nor the exact amount of increased risk that is acceptable. The next section discusses a United Kingdom proposal of a community panel determining such issues, rather than individuals.

Other approaches

Cost benefit analysis is a powerful public policy tool for determining the best use of resources and can provide substantial benefits. At the same time, inconsistencies and difficulties in measuring value as well as social attitudes to saving lives (for all ages, especially children) have been identified. These need to be acknowledged and addressed if best practice is to be delivered within the public service (Guria & Leung, 2003; Leung & Guria, 2006).

New Zealand government agencies have been considering establishing guidance for expenditure on child injury prevention projects. In a 2010 Accident Compensation Corporation (ACC) report on cost benefit estimations for policy, the authors recommended that future cost benefit studies aimed at informing national injury prevention policy should use a standardised approach; that government undertake a new study to update the official transport sector VoSL and "should robustly explore the extent to which New Zealanders place different values upon preventing fatalities and serious injuries" (Wren & Barrell, 2010). Treasury Guidance published in 2015 notes that:

“measuring costs and a benefit in money terms ... (ignores) ... the fact that money itself is worth more to some people than to others. Such ‘equity issues’ are difficult for CBA (Cost Benefit Analyses) to take into account, but does not mean they should be ignored and the guide recommends that equity or distributional consequences of decisions should be drawn to the attention of decision makers” (The Treasury, 2015, p. 7).

Children, it is argued are one such ‘equity issue’ because they are valued more by some than others, but when these issues are to the fore or noted as potentially difficult, New Zealand Government Treasury advice seems simply to be (in other words) just ‘ask the Minister’ (The Treasury, 2015).³⁷

The issues of differing perspectives have been faced in other government domains. Ethical issues have become more prominent in decision making and actions for medical and related fields of research. Ethical Boards and Panels that assess the impact and acceptability of research may provide models where independent, informed and dispassionate members of the community are able to provide input. The United Kingdom National Institute for Clinical Excellence (NICE) is an independent organisation responsible for providing national advice (guidance) for clinical treatments and public health measures. In 2008 NICE published a paper entitled “Social Value Judgments – Principles for the development of NICE Guidance” (National Institute for Health and Clinical Excellence (NICE), 2008). This document was developed through consultation with a thirty member ‘Citizen Council’ who state “Judgments (about guidance) are of two types: scientific value judgments are about interpreting the quality and significance of the evidence available; social value judgments relate to society rather than science’ (2008, p. 4). Social value judgments, it is suggested, are those decisions that require consideration of social values and should be made based on common understanding and agreement of the Council. Despite this solution,

³⁷ This underlines interview participant data from the chapter on ‘Power’, where the participant stated “...just how important these Ministers are...” with the participant stressing how each Minister’s personal experiences and preferences will influence policy. See page 61 for the quote and discussion.

child injury prevention practitioners argue for the presentation of positive cost benefit assessments for child injury prevention interventions. The World Report states:

“Well-targeted financial investments can reduce child injuries and deaths considerably. Assessing the costs against the benefits of specific interventions and setting priorities accordingly is important for all countries” (Peden et al., 2008, p. 153).

Conclusion

Securing funding and resources to advance child injury prevention is discussed in terms of benefits over cost and the exercise of power. Children are difficult to account for in cost benefit models and priorities and attitudes to expenditure on children can come into play. Interview participants provided examples where both insider obstruction and commitment occurred and how these impacted upon child injury prevention projects and programmes.

It was also evident within the interview data that groups and organisations working together to promote child injury prevention can alleviate funding shortfalls for each other and provide opportunities that otherwise were not available. This leads us to the next theme, collaboration.

CHAPTER 5: COLLABORATION

“Individually we could not have made any difference at all, but collectively we could” **Leilani (Local Govt.)**

Collaboration emerged as a major theme throughout the research data. Interview participants discussed the importance of working together and provided numerous examples of how individuals, groups and agencies successfully collaborated to achieve better child safety outcomes. Collaborative activities can be undertaken within and between government agencies, and between government agencies and non-government agencies, between voluntary organisations and individual members of the public. Collaboration might include sharing information and resources, the joint development of guidance documents and public messages, the aligned and co-ordinated delivery of programmes and projects, joint funding of projects and programmes and organisations and groups operating with sustained interdependent alliances to achieve shared goals.

Collaboration is defined in various ways, but most consistently as engagement by an agency, group or individuals with others to jointly participate in activities. Some definitions of collaboration focus on the need to collaborate to achieve challenging outcomes:

“...collaboration (is) the process of facilitating and operating in multi-organisational arrangements to solve problems that cannot be solved or easily solved by single organisations (Agranoff and McGuire 2003) and (it is important to) add that collaboration can include the public” (O’Leary, 2016, p. 7).

This definition identifies collaboration as a means to overcome difficulty. Other definitions of ‘collaboration’ include a wide range of circumstances and interactions. Research into collaboration within political and policy literature has identified important preconditions for collaboration, including community readiness, organisational capacity, supportive strategy and the presence of adequate resources (Wolff, 2001). One systematic review of twenty-six studies (published from 1980 to 2004) identified fifty-five pre-

factors important for the success of collaborative activities (Zakocs & Edwards, 2006). Other studies link collaborative behaviour and programmes with a range of related concepts such as network theory (Erakovich, Sipovac, Hart, & Anderson, 2013; Greenaway, Salter, & Hart, 2007), community partnerships (Finch et al., 2016; Lerner & Craig, 2005), advocacy coalitions (Weible et al., 2011), and collective impact (Kania & Kramer, 2011).

Kania and Kramer (2011) identify five different types of organisational collaborations from simple and loose arrangements to those which are complex and long standing. The first type of collaboration simply involves information sharing and is when organisations operate or participate in social sector networks. Next are multi-stakeholder initiatives where organisations and groups individually participate in activities that have a common theme or shared overall goal. Funder Collaboratives and Public-Private Partnerships are examples of types of collaborations where agencies, organisations or private companies pool resources, commit finances and establish joint contractual arrangements. They primarily differ in their degree of contractual and organisational formality, with collaboratives being more informal.

Finally, collective impact initiatives are long term commitments to a common agenda by important actors from different sectors. They are supported by 'a shared measurement system, mutually reinforcing activities, and ongoing communication, and are staffed by an independent backbone organisation' (Kania & Kramer, 2011, p. 39).

Injury prevention advocates and researchers have a long history of promoting collaboration and injury prevention literature actively promotes collaboration, even if goals might be achieved by an organisation or group working alone. Collaboration is presented as normative, as the 'better way' to behave (Himmelman, 1996; Kania & Kramer, 2011; MacKay & Vincenten, 2010; Office of Controller and Auditor-General, 2003; Peden et al., 2008; Wolff, 2001).

The use of a collaborative rather than a competitive approach to funding and delivering projects is consistent with World Health Organisation (WHO) advice to United Nations Member States on how to promote injury prevention policy and programmes within their jurisdictions:

“While violence and injury prevention are not minor or easy undertakings, with good collaboration and systematic effort, even this oldest of human afflictions can be prevented”

(World Health Organisation (WHO), 2007, p. 4).

Similar advice was repeated within the World Report on Child Injury Prevention (2008):

“It is important to have long-term strategies, effective and focused leadership, collaboration between a range of agencies, appropriate targeting and sufficient time to develop local networks and programmes” (Peden et al., 2008, p. 18).

Interview participants identified many New Zealand organisations involved in collaborative activities to promote child injury prevention. Benefits of collaborative practices were emphasised by participants who held senior roles planning and funding programmes as well as those who delivered resources directly to communities. Organisations promoting and participating in collaborative activity include the Ministry of Health and other central government agencies (Ministry of Transport, the New Zealand Transport Agency and New Zealand Police), crown entities (Accident Compensation Corporation, Housing New Zealand), local government (City and District Councils), non-government agencies (Royal New Zealand Plunket Society) and numerous companies and community groups.

Collaboration was viewed as a goal to be strived for, an ideal practice to be achieved in all levels of organisations and across all sectors of the community.

“Child injury prevention is going to be so much better when there is collaboration, horizontally and also vertically; when people who are

making the decisions, and writing the strategies are collaborating with each other and in touch with people delivering at ground level, but also across agencies and across sectors as well. There has to be collaboration.” **Sione (Crown Entity)**

Communicating with other prevention practitioners (getting everyone together) was viewed as an important step for establishing collaborative programmes. In 2009 Gay Richards, a librarian based in the University of Auckland Injury Prevention Research Centre developed an on-line ‘E-Directory’ compilation of over 400 individuals and organisations working in the New Zealand injury prevention sector. This was freely circulated to assist injury prevention practitioners to contact each other and create collaborative networks. The directory was updated six monthly, though routine updates were discontinued in 2010 following a University restructure (Injury Prevention Information Center, 2009). One child safety practitioner described the importance of 'getting people together' to plan projects.

“When you get all the people around the table all agreeing and wanting to be around the table for the best possible reasons, then you get success.”

Salesi (NGO)

However, collaboration was also described as more complex than simply sharing ideas and agreeing. Interview participants consistently talked about collaboration in the context of providing products (such as car seats), promoting safety messages (the need to wear buoyancy aids) and achieving other outcomes such as raising awareness and providing information. Projects could have greater impact, reach more people and be more likely to be successful through collaboration. Collaboration was undertaken in order to achieve something that was needed and was acknowledged as the most effective way to have a positive impact beyond the scope of a single group and their resources (State Services Commission, 2014).

“Both the ‘car seats’ and ‘safe sleep’ programmes are collaborative ventures by their very nature and really depend upon that local sector collaboration for their success. So in car seat rental you have a

partnership between Midwifery, Tamariki Ora and Police, so you have that mix of clinical and community collaboration, for example ensuring all infants leaving a delivery suite must leave in an accredited car seat, and engagement with enforcement too makes that much more powerful.”

William (Central Govt.)

Collaboration subthemes

Interview participants identified ‘prerequisites’ or ‘preconditions’ they considered must be present if collaborative activities to promote child safety are to be successful. Preconditions for successful collaboration in the New Zealand can be categorised under the following headings:

- Backbone organisations who undertake brokering
- Groups that can move from a social network to organisation
- The presence of contracts that require collaboration
- Collaborative funding – where groups contribute funding for the same purpose or project
- An operational model that requires/promotes collaborative behaviour
- Leadership that promotes collaboration

Interview participants also discussed situations where collaborative projects or activities were attempted but unsuccessful. Situations or factors contributing to failure included:

- Competitiveness: unclear boundaries and conflicting responsibilities,
- When alignment between objectives, funding and longevity is inadequate,
- Lack of fidelity to process – when agreed processes are abandoned.

Despite these pitfalls, interview data were rich with examples of successful collaborative child injury prevention projects that delivered beneficial outcomes for their communities.

Backbone and brokering organisations

Kania and Kramer (2011) identify the need for the presence of 'brokering' or backbone organisations in order for collaboration to be more likely to occur. These organisations support and promote collaboration and adopt a brokering or mentoring role between parties. Backbone organisations, say Kania and Kramer, are those that enable other organisations to collaborate with each other though providing funding and other support. Turner et al. (2012) looked at broker and backbone organisations identifying common activities and finding their value unmistakable. This role included playing a part in guiding vision and strategy; building public will; providing practical support, such as establishing shared measurement practices; and helping groups of organisations align their activities. Broker organisations were also involved in advancing the development of policy and mobilising funding (Turner et al., 2012, p. 3).

Data from this research found several New Zealand child injury prevention organisations fit Kania and Kramer's description of a backbone organisation. These include the Ministry of Health, ACC and the Safe Communities Foundation of New Zealand. While most local government agencies are supportive of collaboration it was stressed by interview participants that many programmes run by local councils are supported primarily by Ministry of Health funding (Coggan & Gabites, 2007). One interview participant stressed:

"...the (Council) budget for injury prevention isn't funded from rates; it is funded from the Ministry of Health. There is rates funding that does support the injury prevention work, I am sure, but predominantly what we do within our team for injury prevention is Ministry of Health funded."

Maau (Local Govt.)

Kania and Kramer's research describes complexity within backbone organisations and collaborative projects but does not identify that backbone organisations can create other 'backbone' organisations, resulting in a cascade, or hierarchy of organisations (Kania & Kramer, 2013).

The New Zealand Ministry of Health is described in this research as acting as a ‘backbone organisation’ for the establishment of other ‘backbone organisations’. The first example is the Ministry of Health’s work with ACC’s Injury Prevention Strategy (NZIPS) secretariat. William described how the Ministry would regularly negotiate injury prevention contracts both with NZIPS and organisations delivering outcomes identified as important. These contracts covered a range of activities.³⁸

“It (the New Zealand Injury Prevention Strategy) was another of those collaborations that ‘sort of worked’ and every year I had to re-negotiate those relationships with ACC and other parties with an interest in those areas” **William (Central Govt.)**

Larner and Craig (2005) described the development of New Zealand’s local government into the role of a broker for the creation of community partnerships and social change. They observed brokering behaviour by local government across many activities, including injury prevention and suggest this is part of an inexorable process of government formalising (or attempting to formalise) social relationships and a professionalisation (and commercialism) of local activism. This process involves arrangements ranging from the signing of Memoranda of Understanding between community organisations, to the negotiation of contracts that mandate collaboration. Interview participants also noted the powerful brokering role Councils played at the community level. One interview participant shared the observation that councils act as brokers to enable other groups and community organisations to deliver child injury prevention projects. In his role as a senior council manager, Maau commented on Council’s brokering role in creating community partnerships, funded by the Ministry of Health:

“....it would be good to highlight the role of Council as a ‘broker’ for community issues, community concerns and themes of community safety. ...To be able to do that ‘brokering role’ is quite a powerful driver for change...” **Maau (Local Govt.)**

³⁸ See Appendix 2 for the Ministry of Health table of contracts

From social network to organisation

Organisational and community behaviour is often described as dynamic and Kania and Kramer also stress the importance of recognising collective, collaborative activity as a process:

“It (collaborative activity) is the process that comes after the development of the common agenda in which solutions and resources are uncovered, agreed upon, and collectively taken up. Those solutions and resources are quite often not known in advance. They are typically emergent, arising over time through collective vigilance, learning, and action that result from careful structuring of the effort...” (Kania & Kramer, 2013, pp. 11-14)

This was demonstrated in an example where collaborative activity started primarily to share information (Kania and Kramer’s ‘Social Sector Network’) then evolved into the establishment of an organisation. Salesi explained how water safety projects based in Auckland were initially developed and delivered through the collaboration of local aquatic agencies coordinated and supported by the staff of Water Safety New Zealand’s Northern Regional Office. The agencies met together to jointly choose activities to support and then shared information and resources.

“This group was set up in Auckland by Water Safety New Zealand’s Northern Office and consisted of all the aquatic organisations, Surf, Coast Guard, us, we (also) had the College of Education and ...people from the Primary School... we met quarterly and everyone put on the table what they were doing, and we would all comment and have a chat about what was happening...” Salesi (NGO)

When Water Safety New Zealand’s Wellington based Head Office closed their Northern, Auckland Office, the social network that had been established provided the opportunity for the formation of Watersafe Auckland Incorporated (WAI), an independent water safety organisation set up to deliver water safety education throughout the Auckland Region

(Drowning Prevention Auckland, 2018).³⁹ WAI is recognised as an important water safety education provider and is funded through the Auckland Regional Amenities Funding Act (2008).

The original group were a simple social network collaboration and when circumstances changed the group responded; creating what fits Kania and Kramer's description of a collective impact initiative, where there was long-term commitment by several organisations to achieve a common agenda

Contracts that require collaboration

Interview participants noted the New Zealand Ministry of Health's commitment to providing contracts that promoted a collaborative model of injury prevention service delivery. This is consistent with the Ministry's two consecutive New Zealand Health Strategies (Ministry of Health, 2000, 2016b), both of which identify collaboration as a guiding principle for health promotion. Interview participants with local government experience were aware of the Ministry of Health's strategic commitment for both injury prevention and collaborative action:

"...so, in that sense we (the Council) are the vehicle for delivering the Ministry's strategic decisions." **Maau (Local Govt.)**

The Ministry of Health's commitment to contracting for collaboration pre-dates the 2000 Health Strategy. In 1995 the Ministry (through what was known then as the Health Funding Agency) provided funding for the first Kidsafe Campaign.⁴⁰ This campaign promoted and assisted community groups and organisations, government agencies and individuals to work together (Safekids New Zealand, 1995, 1996). A more recent (2007)

³⁹ Water Safe Auckland (often referred to as WAI) remains as an important drowning prevention service provider, especially within the Auckland Region. It recently changed its name to Drowning Prevention Auckland.)

⁴⁰ The Kidsafe Campaign as it was initially called in 1996, was a week of awareness raising activities run by the Auckland District Health Board Safekids team, with the intention the project could operate as a standalone initiative that could be adopted as a national programme and hosted independently of the Auckland based service. This never occurred and the Safekids team continued to run the campaign. In 2006 the Safekids Ministry of Health contract was changed to enable the campaign to operate nationally, at the same time the name of the campaign was changed to the 'Safekids Campaign' and it extended from one week to a yearlong focus (pers com.).

Ministry of Health contract with the Auckland District Health Board for the Safekids service specified both the development of a safety culture and collaboration as part of the contract service specification objectives. Contract objectives included the need for the service to ‘...encourage an increase in activity and collaboration on specific child unintentional injury issues, amongst those concerned with child injury prevention, both nationally and in New Zealand communities” and to “foster a positive safety culture in New Zealand’ (New Zealand Government, 2007).

Safekids’ focus on collaboration has continued. In 2015 a sector newsletter published by Safekids (Safekids News) showcased the promotion of community based, collaborative activities like those undertaken in the 1990s, where Safekids, working with community groups and organisations together, raised awareness of child injury issues. Safekids supported these activities by participating in events, providing resources and publicity, and also acting as a brokering organisation for the promotion of injury prevention within the community (Safekids Aotearoa, 2015c).

Sione mentioned another Ministry of Health programme designed to promote collaboration between local government agencies, called the Auckland Regional Pedestrian Safety Strategy. This 2004 Ministry of Health contract required Safekids to facilitate collaboration between the Auckland Region’s Councils and central government agencies to reduce Auckland child pedestrian injury rates.

“The (Safekids) Regional Pedestrian Safety Strategy was really around supporting collaboration between road safety and pedestrian safety (territorial authorities) stakeholders across the Auckland Region to make changes to improve safety for children.” Sione (Crown Entity)

Sione continued to note the programme was challenging because of the absence of arrangements that would have enabled (or required) participating agencies to contribute:

“...where the (Regional pedestrian safety) strategy fell down was that people (within their respective organisations) were volunteering their time

to it. They weren't under any contractual obligations to support the strategy.” **Sione (Crown Entity)**

The Ministry of Health’s Auckland Regional Pedestrian Safety Strategy contract with Safekids stalled but this may also simply have been because it was ahead of its time. In 2005 the New Zealand State Services Commission released a guide for agencies working with local government:

“It (the newly revised Local Government Act)... provides an opportunity to more effectively promote a social development approach through strengthening regional and local collaboration and undertaking joint initiatives to improve social outcomes, such as improved health and social connectedness...” (Ministry of Social Development, 2005, p. 3).

Interview participant data consistently noted that New Zealand’s Ministry of Health played a role in reducing child injury by both committing resources to reduce preventable injury and maintaining its ongoing commitment to provide contracts that promote and sustain collaborative, interagency child injury prevention programmes.

Collaborative Funding

Kania and Kramer describe funder collaboratives where groups of organisations join together to fund projects of programmes (2011, p. 39). Interview participants also described ‘collaborative funding arrangements’ where organisations accessed a number of different funding sources to deliver a single project. This included receiving funds from private businesses. Chaya provided an example of a falls prevention project, which was run by the Council and supported by the Accident Compensation Corporation (ACC) and local businesses. This type of arrangement fits Kania and Kramer’s (2011) description of a Public-Private Partnership. The project was developed by Council staff to be run over a period of months and then finish with a ‘prize draw’. The local Council (who were contracted by the Ministry of Health to run collaborative injury prevention projects)

provided staff, ACC provided safety resources and local businesses circulated the material and contributed items and money for prizes.

“It was a city-wide programme, so you can understand it was pretty expensive. We had some really good sponsors and it was a collaborative kind of project with lots of local sponsors, local businesses coming on board for the prizes and also promoting safety at work and bits of safety equipment during the time that it ran. At that time, there was a significant amount of funding from ACC (Accident Compensation Corporation) as well...it was a very intense piece of work.” Chaya (Local Govt.)

In another example of both collaborative funding and public-private partnership was when a backbone organisation was created with funds provided by a group of government entities and private companies to establish Water Safe Auckland (WAI). Described earlier in this chapter WAI was established when a social network was able to access funding and establish themselves as a separate entity after their parent organisation withdrew support:

“.... that’s when, five months later the Regional Council, the Harbour Master, pulled the group together and he said; how are we going to keep working? We will put fifty grand on the table. That was a lot of money all that time ago. Who else? The Boat Show, they put ten grand on the table and that was seeding money for letter heads and that sort of thing. The Manukau, Auckland and Waitakere and the Regional Councils actually came on board. Then Sport Auckland, who was based across the road here, they gave us an office, for peppercorn rental. Really, really cheap. They also organised a Task Force Green person to help.” Salesi (NGO)

Agencies can beneficially interact by sharing resources, such as staff time. In one example a local Council working towards WHO (World Health Organisation) accreditation as a Safe Community had stalled due to lack of administration staff. Leilani was working to support the local government agency to achieve accreditation and described how she contacted a colleague in the NZ police and together they facilitated the secondment of a staff member to assist the small council complete the process,

demonstrating the value of informal networks between individuals and agencies.

“I talked to the Area Commander up there who I know quite well and we were having a conversation about what the police could do (to help). Of course, it was the usual story for Police they do not have any money for anything. They are not a ‘funder’ organisation, but they seconded one of the staff across to Council to help them write the application.”

Leilani (Local Govt.)

Operating models that require collaboration

During the late 1990s and early 2000s government agencies were increasingly funding injury prevention projects within communities and local government. However, an over-arching, whole of government model that would enable organisations to commit to a collaborative approach to injury prevention projects was lacking. In 2003 the Minister for ACC released the New Zealand Injury Prevention Strategy (NZIPS) which was “a framework for the policy development and service delivery activities of government agencies and non-government organisations with an involvement in injury prevention” (New Zealand Government, 2003c, p. 1). NZIPS stressed the need for collaboration across government agencies, organisations and communities.

Oversight of the Strategy was carried out by a Secretariat. One of the principles of the Injury Prevention Strategic framework was “Collective Action” described as “the active participation of regional and local government, community groups, iwi, businesses, families/whanau and individuals working in partnership with central government” (New Zealand Government, 2003c, p. 3).

The Injury Prevention Strategy was prominent in both the health and safety sectors. Two interview participants referred directly to the Strategy while others acknowledged the provision of ACC funding for injury prevention projects and programmes without identifying whether this funding came from the Strategy or other budgets from within ACC.

The impact of the Safe Communities Foundation of New Zealand in promoting local government's role in child safety and in developing collaborative projects was stressed. Leilani observed some territorial authorities have child safety included within their extensive, collaborative safety programmes:

“Blenheim (Territorial Authority) has just been accredited (as a Safe Community by the WHO audit team). They have one hundred and sixty-two (safety) projects. A number of those will be around child injury.”

Leilani (Local Govt.)

She commented how working with communities in a collaborative way was effective across different cultures and countries, in this case the discussion was specifically about the Safe Communities model:

“...my visits to China have shown me that that a model based around a set of criteria that has as its basis getting people together in partnerships for a common good, based on evidence, (the Safe Communities model) works. Wherever you are. Yes, there will be slight differences because there are particular issues for each of those towns or cities or communities, but at the end of the day the basis is the same and it was exactly the same in China as it was in Australia, as it is in New Zealand.”

Leilani (Local Govt.)

Interview participants commented about how important it is to have collaboration between community groups and William and noted how the Stanford Collective Impact model was gaining importance as a method for promoting collaboration across central government agencies.

“In terms of the Stanford Collective Impact model, I think understanding of that is growing, and collective impact is in some ways the “new black” in the Wellington Public Service. People are using the model across lots of areas of public service where social change is required. So, it is informing purchasing NGO (non-government organisation) services, through investing in services for outcomes, and through MSD (Ministry of Social

Development). *It is a model we will see a lot more of this year and next year.*” **William (Central Govt.)**

Collective Impact and collaboration were described as a new imperative in 2015, yet it is evident from earlier interviews that collaboration was a long standing and well-established practice within the child injury prevention and health promotion sectors.

Leadership that promotes collaboration

During interviews many of the participants spoke about individuals who took leadership roles to promote collaboration and achieve the success of child injury prevention projects. Leadership, Levy (2004) noted, is ‘one of the most observed and least understood phenomena on earth’ (p. 11).

Individuals who contributed to leadership for child injury prevention were not spontaneously identified by participants during interviews but were identified in response to prompting during the application of ‘snow balling’ methodology to recruit interview subjects. Participants also commented about how a wide range of individuals needed to support safety projects including politicians and employees working in local government, people working for non-government organisations and volunteers working in the community. The need to find and recruit individuals with the skills and commitment to set up collaborative, successful child safety projects resonated throughout the interviews.

Maau highlighted the role of political leadership, and that within a territorial authority an elected representative can provide the drive for the adoption of injury prevention initiatives.

“Where it’s (i.e. collaborative, community-based child injury prevention) got real strength is where you have a community leader who is passionate and clear and working alongside a political party or politician with similar concerns. That’s why a lot of our politicians work in the local area, because they are focussed on what they can do and how they can support their community.” **Maau (Local Govt.)**

Another interview participant, Beth noted the need for individuals to have skills in community development and collaboration.

“You need people within local authorities with expertise about community development and then they can do health promotion.”

Beth (Central Govt.)

Individual contributions were acknowledged by interview participants, and examples were provided:

“...it was a programme that had been run very successfully by the late Alan Parsons and Kidsafe Taranaki, the local child injury prevention coalition there. Alan Parsons was a real champion because the data showed poisoning was high, paracetamol was the most common agent, and he really drove the whole project and got funding to take it forward. Public Health was very involved, it ran well.”

Sione (Crown Entity)

Overall, interview participants impressed on the interviewer that collaboration and the collective action of aligned organisations and groups are critical to the field of child injury prevention. However, individuals were also readily identified as champions for child safety. Contrasted against the ethos of the importance of group action was the observation that an individual, especially one who works collaboratively, can make a difference.

When collaboration stumbles: identifying challenges

“...collaboration is one of those words that Governments like to use, and we all say yes, and believe in it, but actually doing it proves to be quite challenging...” **William (Central Govt.)**

Collaboration, as a mechanism for delivering child injury prevention is challenging to implement and difficult to deliver and measure. At the same time, it is acknowledged as best practice for facilitating and achieving widespread support for the provision of effective child injury prevention programmes. The collaborative approach acknowledges the importance of

positivist research, while also emphasising and drawing upon the contribution of social science research (Hemenway, 2009).

In 2014 the State Services Commission undertook an audit of collaborative initiatives within the public sector which identified 125 collaborative projects and activities occurring within the public sector at that time. Sixty-six of these were collaborative activities set up to deliver products or services, while the remainder were focussed on collaboration to deliver back office functions and document development. Although collaborative activities were supported in principle, the audit reported challenges in maintaining collaborative projects, including difficulties in managing funding contributed from different departments and challenges when collaborative projects, although considered worthwhile, did not easily fit departmental responsibilities and delivery targets. This conflict was also noted by Tenbensel in the health sector and Larner for community-based partnerships (Larner & Craig, 2005; State Services Commission, 2014; Tenbensel, Mays, & Cumming, 2011).

Collaboration between organisations was described by interview participants as never certain due to a wide range of issues that included challenges in measuring success, lack of funds, competing interests and lack of fidelity. William had long term experience with Ministry of Health contracts and commented that while collaboration is recognised as an important approach for service delivery, achieving collaborative activities through the provision of public health contracts is not a simple task. While the Ministry may contract one party to adopt a collaborative approach, it cannot specify that other parties, particularly those with whom it has not contacted, will participate.

“You can’t get one party to collaborate if the other one doesn’t want to... As they say, “it takes two to tango”. So the art of constructing and rewarding relationships, or incentivising relationship, that is the word we use these days, is really challenging. But it is a challenge worth pursuing.” **William (Central Govt.)**

Challenges measuring outcomes when contracts require shared responsibilities has been recognised by others as a potential stumbling block for collaborative projects (Scott & Boyd, 2016). Interview participants also reported that evaluation and measuring outcomes of collaboration can be difficult. William continued:

“...in a lot of contracts, we have a requirement to collaborate and a requirement to co-ordinate and other things like this, but we are lousy at measuring those. We don't know what performance measures to put on them.” **William (Central Govt.)**

When collaborative projects impair the ability of an agency to deliver essential outputs or responsibilities they are usually stopped. One project, described by an interview participant, fell outside each individual agency's primary responsibility and when there were reductions in available discretionary funding the agencies collectively withdrew funding.

“...we had a deal with ACC (the Accident Compensation Corporation), police, MSD (Ministry of Social Development) and health, all putting some money in. But then when the squeeze come on all of our budgets we all started to draw back and say, well I can only fund what I am mandated to fund, I can't find extra money for something like this. So, it wasn't because any of the players thought this was a waste of money, it was because we were not mandated to do it.” **William (Central Govt.)**

Another interview participant, Jivin noted two agencies working in child injury prevention have similar mandates, raising questions as to how these two organisations should function.

“I think there has historically been some debate between Plunket and Safekids around whose role is to do what. There has also always been a tension between Safekids as an Auckland or national organisation. There has been a tension around Plunket being focussed on under-fives then what is Safekids doing playing around in the under-five space. So Safekids should focus on the five upwards. Then there is the issue of their (Safekids) 'cut off point'. Is it fifteen, seventeen, eighteen, nineteen or twenty-five?”

You'll get different answers depending on who you talk to. Some of these tensions have never been resolved." **Jivin (Crown Entity)**

When collaboration involves groups and agencies sharing information, it needs to be appropriately accessed and attributed. There is an expectation participating organisations will voluntarily adhere to agreed processes with fidelity. This is not always the case. Agreements collectively entered into need to be met, including process agreements. One project that was supposed to deliver a collaborative approach for teaching water safety across a large geographic area was never implemented due to failures in the process by the organisation tasked by the group with being the 'broker'. One example was described by Salesi;

"We had several meetings where we agreed all the things that should be in the plan, if we are going to develop anything it had to include 'learn to swim', 'water safety education' and 'critical thinking'. These three things all have to be there... Then we all were sent copies of what he developed, and he must have sent us five different versions, and of those five probably three were completely different from each other, a whole new approach..."

Salesi (NGO)

The result was those volunteering time and participating (in good faith) stopped attending because of uncertainty and lack of transparency. The attrition of participants led to the project being abandoned.

"There were three meetings... everybody was at the first meeting; but only a small group was at the second meeting. Oh yes, that's right, half the people who came to the second meeting were the operators who were going to be paid to deliver and do the project. And the final document had nothing (in it) that was raised in the first meeting" **Salesi (NGO)**

The abandonment of this project through the actions of one individual highlight the power of individuals to support and advance projects but also to sabotage and stop them.

Realistic goals are also important. The effort to develop a child safety pedestrian strategy was described as having 'fallen down' because it was too ambitious, implying a more focussed project would have had more likelihood of succeeding. The next comment reflects the need for ensuring goals and objectives are consistent with resources and time available:

"The Regional Strategy for Auckland was only supported by people and agencies delivering child pedestrian safety in an ad hoc fashion, so it was quite difficult to push it forward. Personally, I think it was a little over ambitious. There were thirteen objectives to try and achieve. It should have had a much narrower scope" **Sione (Crown Entity)**

The need for longevity and continuity of programmes and funding is highlighted in the literature. In 2004 Towner systematically reviewed the literature for the most effective methods for promoting child injury prevention and concluded:

"...important aspects of community based approaches are long term strategy, effective, focussed leadership, multiagency collaboration, involvement of the local community, appropriate targeting and time to develop a range of local networks and programmes" (Towner, Dowswell, Mackereth, & Jarvis, 2004).

ACC was reported as having difficulty maintaining longevity in its projects, a factor viewed as a significant drawback for ACC's effectiveness at establishing longer term collaborative partnerships.

"...ACC flip-flops and don't seem to be able to maintain a strategic direction for more than about six months. At some subsequent point they thought they would get into community projects they pulled them all after about nine months I think." **Beth (Central Govt.)**

There is a propensity for collaborative projects to strike problems when mandated through contractual arrangements, yet interview participants did not identify, or discuss the presence of any government guidance about how

to collaborate, despite instruction to collaborate being included within State Services publications (Office of Controller and Auditor-General, 2003)

Conclusion

Collaboration has been at the heart of child injury prevention. This was underpinned by academic research supporting its effectiveness for achieving best possible outcomes. Recommendations for a collaborative approach to child injury prevention were made internationally. Collaboration was promoted in a purposeful way, as the preferred strategic approach within the sector and became a long-standing feature of injury prevention and child safety. Collaboration was evident within Ministry of Health contracting, in local government programmes and in the 'hands-on' delivery of community programmes. It also occurred across academic disciplines, organisations, community groups at all levels of governance, resource development and programme delivery (Coggan & Gabites, 2007; MacKay et al., 2006; Towner & Downswell, 2002).

When agencies, community groups and individuals are encouraged to work together, more people are involved, resulting in the wider adoption of information and attitudes that promote the safety and well-being of children. Multiagency collaboration and engagement with local networks become an integral part of the safety culture approach to promoting child injury prevention.

Collaboration is an important foundation for the development of a child safety culture, it is a strategy that engenders community and social commitment to promote the safety of children. Collaborative activity requires organisations, groups and individual to be aligned, seek to attain shared goals, set aside differences and maintain fidelity to their processes and agreements. When this happens, working together to keep children safe from preventable harm becomes hegemonic and the public discourse becomes that "this is the way things are done around here".⁴¹

⁴¹The word 'hegemony' is usually used in a geopolitical context. First promoted by Italian sociologist, Antonio Gramsci, hegemony was used to identify and describe culturally dominant

ideologies (Finocchiaro, 2002). The term is used here to describe the more specific circumstance of a prevailing view about injury prevention and child safety.

CHAPTER 6: PERCEPTIONS OF SAFETY AND SUPERVISION

Woven throughout interviews were interview participants' comments about how people spoke about safety and supervising children in public and private. These comments were made in less obvious (but no less compelling) ways than comments that were made about power and collaboration (MacKay et al., 2006; McClure, Stevenson, & McEvoy, 2004).

Public discourse about safety and 'how to supervise children' are complex and challenging issues for injury prevention. Furthermore, the sociological proposition of modernity as 'risk society' (with accompanying negative connotation), sits uneasily alongside positivist, public health analyses of the cause and effect relationships between belief, safety practices and preventable injury and death (Beck, 1992a; Mare & Papps, 2002; Soole, Lennon, & Haworth, 2011; Towner et al., 2004).⁴²

The normative interpretation of injury prevention is that all injury should be prevented when possible, and everyone should be able to live free from avoidable harm. This goal requires the participation and support of more than injury prevention academics and practitioners, and injury prevention is framed in ways that will facilitate wide social acceptance and the establishment of a safety culture.

Safety Culture

Safety culture refers to the presence of widespread community understanding and appreciation of the need for safety and measures to keep people safe (McClure, Stevenson, & McEvoy, 2004). This approach urges injury prevention academics and practitioners to use language and narrative (discourse) about injuries and their prevention that will resonate positively with decision makers and the wider community. In 2008 the

⁴² Sociology has traditionally been sceptical of using the 'big data' epidemiological approach (such as the Global Burden of Disease studies) to interpret society or determine societal dynamics. Recent commentary has sought to bring differing approaches closer together. Halford and Savage (2017) propose a 'symphonic Social Science' approach where 'Big Data' researchers and sociologists come together for a different mode of practice.

Centre for Disease Control (CDC) published a 'how to' guide for framing injury prevention issues, recommending ways injuries might be portrayed to media and the wider public (Center for Disease Control, 2008).

A safety culture is said to be present when there is the acceptance and use of safe behaviours in public and private, and the 'safety interventionist' is framed as integral part of the community. The promotion of safety through collaborative projects is part of this approach. It seeks overall acceptance of safety measures, with the expectation this will empower all individuals and communities to undertake activities more safely and achieve the widespread promulgation and adoption of safety messages and practices into everyday public and private life (Nilsen et al., 2004).

The acceptance of a safety culture and the use of safe behaviours are especially applicable when adults are caring for children, or undertaking what is referred to as the supervision of children (MacKay et al., 2006).

The New Zealand Injury Prevention Strategy (NZIPS) set goals of achieving a 'positive safety culture' and 'creating safe environments' within New Zealand. These were normative, 'ideal states' to be achieved, and were defined as New Zealand society attaining:

“...a shared set of beliefs, attitudes, values and ways of behaving that support the prevention of injury” and...

“safe environments are social and physical surroundings or conditions that support the prevention of injury” (New Zealand Government, 2003c, p. 14).

Public belief about safety

The introduction of NZIPS prompted research into New Zealanders' knowledge and attitudes to injuries and safety behaviours to set 'baselines'. Projects explored the prevalence of the belief that injuries are due to 'fate' (unavoidable) as such beliefs have been found to impact negatively on actions people might take to avoid unintentional injury (Hooper, Coggan, & Adams, 2003). These studies into public attitudes toward injuries had varied

results. In a 2003 study, 84% of questionnaire respondents agreed with the statement that accidents 'can be prevented' while a later 2007 study that asked a similar question found that fewer respondents (between 68% and 77%) believed this statement (Freyer, Honeyfield, Kalafetelis, & Palmer, 2007; Hooper et al., 2003).

Epidemiological reports can illustrate discrepancies between perceptions of safety (or risk) and reality. Individuals have been surveyed about their belief about "where injuries happened" and their responses compared to surveillance data showing where and how injuries had happened. These studies showed a wide discrepancy between what was believed and the data. In 2003 research indicated that although 55% of respondents thought their homes were the 'most safe place to be', ACC data showed a third (35%) of serious (life changing) injury occurred in homes. In a 2007 study over half of respondents believed injuries were most likely to occur on the road, yet ACC data showed only 5% of claims were the result of road traffic crashes (Freyer et al., 2007; Hooper et al., 2003; Kalafetelis, Magill, & Jones, 2011). This difference between perception and reality challenges injury prevention practitioners to publicise the causes of injury and promote interventions to prevent them.

Debates about 'how much safety'

An accepted orthodoxy within injury prevention discourse is that 'most' injuries can be prevented. An Accident Compensation Corporation (ACC) report noted that;

“...around one in two (people) believed that injuries in all domains could be prevented, with the exception of sport/recreation, which was much lower (about one in four). ***This was despite evidence that most injuries can be prevented or minimised***” (NZIPS Secretariat, 2012, p. 29) - (emphasis added).

More conservative estimates propose the preventability of far fewer injuries than all or even 'most' (Stone & Pearson, 2009; Tingvall & Haworth, 1999).

Emphasis on injuries (which are counted) transfers across to the concept of safety. Belief that safety can be quantified into an amount such as 'most' may arise from the positivist science underlying much of injury prevention.⁴³ This may also be related to increasing requirements for government to measure the impact of policies and increasing imperatives to demonstrate return on investment. The narrative shifts from claiming children 'have a right' to be safe, to asking how much should we 'invest' to achieve 'how much' safety and what trade-off might be involved. In these situations, economic interests come to the fore, including arguments about private property rights and public investment. There are acknowledged difficulties in the valuing of the lives of children and recognition that such debates are often unproductive (Wren & Barrell, 2010).

The idea that 'all serious injuries are preventable' varies within each area (or sector) of injury prevention. The prevention of all serious road injuries has been internationally accepted as a visionary if controversial goal. In 1997 the Swedish Government introduced "Vision Zero" legislation that states by 2030, "No-one shall be killed or seriously injured within the road traffic system" (The Vision Zero Initiative, 1994).

"Vision Zero" policy has been adopted by transport authorities across America and in Europe. New Zealand's Government has adopted a version of Vision Zero through the Safe Systems approach within its Road Safety 2020 strategy. The Safe Systems approach acknowledges human propensity to make errors, but asserts transport systems within New Zealand can (and should) be designed in such a way as to ensure such errors do not cause any serious harm or loss of life (Elvik, 1999; Johansson, 2009; Ministry of Transport, 2010).

There is no equivalent Vision Zero concept for child safety and debates about 'what injury is acceptable' are complex and ongoing. These debates highlight the heterogeneity of injury circumstances and that prevention interventions are specific to types of injury, sometimes even individual

⁴³ In Chapter One, 'Injury prevention as science and community', it is noted 'safety' is described as a 'human right' which can also be reified and is subject to argument about its desirable 'quantity'.

circumstances. Jivin, a senior advisor in child safety, commented that practitioners and advocates need to remain aware of this heterogeneity when working within the field of child safety.

“It (safety promotion) is different for specific topic areas, so how it plays out for the child quad bike issue is different for what is happening in the child playground and safety space” Jivin (Crown Entity)

The assertion of safety as a child's right under the United Nations Convention on the Rights of the Child (UNCROC) sidesteps argument about whether it is desirable to prevent all childhood injuries, or only some, or most, or just the more serious ones and what trade-offs might exist and are acceptable. Phrases such as 'bubble wrap children' and 'nanny state' are used to express disapproval of safety measures that are believed to inhibit personal freedoms or intrude on privacy. More pejorative terminology is sometimes directed at injury prevention workers. Concern about a supposed trade-off between a safety measure and other goals sometimes results in the misrepresentation of safety programmes and the promulgation of safety myths that misrepresent or exaggerate safety measures (Bundy et al., 2011; Hope & Doughty, 2010; New Zealand Government, 2016c).⁴⁴

Child injury prevention organisations are circumspect when talking about how many injuries can be prevented. Promoting the preventability of 'all' or even 'most' childhood injuries is not supported by all injury prevention advocates. Safekids Worldwide side-steps the issue with a somewhat circuitous mission statement that says: "The important thing to remember is that preventable injuries are preventable" (Safekids Aotearoa New Zealand, 2018). On a local level the Ministry of Health funded child safety programme Safekids Aotearoa state; "Our goal is to reduce the severity and incidence

⁴⁴ In 2015 the New Zealand Government released the Rules Reduction Taskforce "Loopy Rules Report" which identified that many so called 'loopy and overzealous safety requirements' did not exist in legislation and were myths. These included myths that children were supposed to wear a safety harness while on a playground and that the organisers of a lolly scramble could be prosecuted if a child was hit by a lolly (page 32). The authors stated "It was a surprise to us to find out that a number of the so-called loopy rules are in fact just myths. They are misinterpretations and misunderstandings that have been repeated so often that they have taken on the status of facts" (New Zealand Government, 2016c).

of unintentional injuries to children in New Zealand" (Safekids Aotearoa New Zealand, 2018). Such statements are tacit acknowledgement that not all unintentional child injuries can be prevented and that the focus of child injury prevention activities is not to stop all injuries, rather it is to reduce their severity and incidence.

Injury prevention as a battle

Some injury prevention advocates talk about injury prevention (and safety) as a 'thing' about which a 'battle' should be fought, a 'fight' where 'ground can be lost and gained' and stances taken over the issue of how much injury prevention should (or should not) happen. This was demonstrated several times during interviews, in one example Hans said he experienced injury prevention as a change process that required a 'fight' to make progress;

"Some people would see it differently and see it as an inexorable process, but to see it as a fight is the way I see it." **Hans (Central Govt.)**

Another participant, Jivin made cautionary comments about promoting child injury prevention in a way that would result in 'losing ground' in the way one would lose ground in a battle.

*"... I think we need to re-engage and re-think our arguments because I think we are in a space where we are going to lose stuff that we have gained over the past twenty years, particularly around pool safety and around playground safety."*⁴⁵ **Jivin (Crown Entity)**

The presentation of injury prevention as a battle evokes images of injury prevention as a polarised debate with hostility between opposing factions. In another example, Salesi warned that referring to 'let children play' in a draft title for this thesis would engender emotional and negative responses because it unhelpfully implied individuals advocating safety took an oppositional attitude to 'letting' children play.

⁴⁵ This comment was provided prior to the Government repealing the Fencing of Swimming Pools Act (1987) and replacing it with legislation that is believed to provide a greater risk of children drowning (see Chapter Eight).

"Your (draft) title "Let kids play" suggests the whole issue of the "Safety Nazis" and infers you are on the other side of that (argument). At one end are the "Safety Nazis" and at the other end is the title "Let kids play" which is open ended, they can do what they like. I don't think you will get anywhere, and you will end up with emotional debate..." Salesi (NGO)

Public discourse about safety and injury prevention sometimes engenders hostile and accusatory language toward injury prevention practitioners. The origins of antagonism against injury prevention appear complex.

Stevenson (2004) notes that before the 1950s accidents were considered mostly the outcome of chance or fate. Modern injury prevention advocates apply epidemiology to argue injuries are not the outcome of chance, reinforcing an innuendo that when injuries happen, they are the result of fault, a perception which infers judgement and negativity. During the debate about removing the term 'accident' from BMJ publications Girasek noted the term 'injury prevention' infers injury is the result of the absence of prevention, which implies negligence (Girasek, 1999).

There is a perception that injury prevention discourse includes an unpleasant authoritarian approach which is directed toward limiting and constraining children's activities. Hostility toward injury prevention practitioners seems particularly evident when they become involved in child playground safety discussions. Jivin reported how a small group of attendees at a playground seminar engaged in heated and antagonistic comments about child safety and directed the term 'Safety Nazi' towards him. The use of this term inferred an accusation that child injury prevention workers seek to impose disproportionate constraint on children while they are using playgrounds.

"I organised a playground safety symposium and a whole bunch of Aussies came over to it and it was really interesting. It was the first time I have had the label "Safety Nazi" thrown at me....it got me going, I can tell you, I managed to hold my tongue, but I have never forgotten..."

Jivin (Crown Entity)

Questions about whether child safety advocates and practitioners are supportive of children's play (or whether they are perceived to be less supportive of play) than other sectors of society have been widely debated by child injury prevention practitioners. In 2013 a Canadian Injury Prevention and Safety Conference held a seminar entitled "Can child injury prevention include healthy risk promotion?" Seminar organisers noted the topic generated heated debate and despite the well qualified audience, arguments for and against the premise rested entirely upon anecdotal comment and hearsay. There was a call to differentiate 'risk' from 'hazard' in order to prevent a 'drift into unreasonableness' on all sides of the debate (Brussoni et al., 2014, p. 3).

The phrase 'nanny state' is also used to show disapproval of safety promotion activities and to attribute government with unacceptable intrusion, constraint or imposition of expense. The first mention of the term during research interviews was by Rick, who had years of experience as an elected politician, and who identified it as important for political decision makers to be aware of, as its use was an accusation that might lead to (or indicate) the loss of political constituency.

"Take something like child safety. The mood became for a while, that 'we are sick of the nanny state'. Because they felt we had years and years of people telling us how to do it, when to do it, and what with. And so, there is kick back against what could be quite a sensible policy"

Rick (Central Govt. Politician)

Jivin also used the term 'nanny state' in the context of describing an unwarranted intrusion of privacy by individuals who have the authority of the 'state' to support their actions. There is also an element of rejection of the injury prevention practitioner's perceived encroachment on parental authority.

"...in one sense this particular issue is of government action into the private realm. We have 'nanny state' stuff around now. It's "I don't want

the government telling me what to do in my private space so what is the government doing telling me about those things...” Jivin (Crown Entity)

The focus on injury surveillance and quantification of injury is promoted as an important part of effective prevention (Peden et al., 2008) but may also contribute to these negative societal responses. The focus on quantification leads commentators to reify injury prevention. Safety and injury prevention become a measurable, discrete thing which is imposed upon individuals and extracts a deficit because it displaces something believed to be more desirable, such as fun and excitement or important developmental knowledge about risk. This portrays injury prevention and safety as a deficit state, suggesting when there is safety, something is lost. In this view, the injury prevention worker (or advocate) is an individual seeking to deny or remove benefit from others and due to such negative attributions, become subject to vilification and hostility.

The alternative proposition is the premise of ‘safety as a right’ that exists as a state of being and an aspiration for all of society to adopt and embrace. This view was demonstrated when Hans noted a news item that referred to someone praising the value of child car seats. He observed that twenty years ago child restraints were far less likely to be in the car (or that their presence would not have been commented on or praised) and second, it was 'not a safety person' who had praised the car seats for protecting these children.

"I love seeing things like this because twenty years ago it would have been absolutely unheard of for someone to say this, but in the tornado... did you read it? Some kids were in a car that was lifted up by the tornado, above building height, and then dumped on its top. The kids were in restraints and were safe. Some guy, not a safety person, was reported in the paper saying, (in the vernacular) 'Yay for child restraints'"

Hans (Central Govt.)

This situation demonstrated the ideal achievement in the development of a safety culture, it showed a person who was promoting a safety product (the

car seats) was not a specialist injury prevention advocate, nor even an injury prevention collaborator or worker, but was an ordinary member of the public.

Parenting and supervision

Injury prevention practitioners have long sought to understand how to inform families about the safe supervision of children. The provision of supervision is considered important because a link has been identified between lapses in the supervision of children and their serious and fatal injury (MacKay et al., 2006; Schnitzer, Dowd, Kruse, & Morrongiello, 2015).

Historical, ideological and societal influences around how supervision is perceived make it a complex issue to research and apply to injury prevention. There are contested and contradictory expectations about what is acceptable for parents and caregivers to do when caring for children. Compounding the challenge of finding acceptable ways to provide families with information about supervision, is awareness that providing such advice is known to be less effective than promoting passive methods such as installing swimming pool fences and smoke alarms (Peden et al., 2008).

Despite the existence of many well used supervision messages applicable for specific circumstances, such advice is often met with hostility.⁴⁶ Many practitioners seek to ameliorate oppositional responses by identifying with parents and acknowledging the universal fallibility of parenting, as one interview participant, Imia explained:

"As parents, we all think we supervise our children. But it just doesn't happen.... we lose contact with them, we think they are doing something, but they are actually doing something else." **Imia (Local Govt.)**

Furthermore, messages to supervise children run the risk of sounding simultaneously vague and authoritarian while often being associated with moral judgements about parenting (Thomas, Stanford, & Sarnecka, 2016)

⁴⁶ Water Safety New Zealand publishes safety advice for parents supervising 'under-fives' in and around water that states 'Keep under-fives within arm's reach at all times': www.watersafety.org.nz accessed 10/09/2017

and victim-blaming (where the parent is the victim) behaviour (Petrass, Blitvich, & Finch, 2009; Roberts & Coggan, 1994; Schnitzer et al., 2015).

Consequently, child injury prevention researchers, practitioners and advocates have been challenged to define supervision and describe how and when it is best (or even appropriate) to convey advice about supervising children (Morrongiello & Schell, 2010; Saluja et al., 2004).

Defining supervision

There is considerable discussion about defining the term 'supervision'. Morrongiello suggests supervision is generally accepted as knowing what a child is doing and being in proximity to the child, within sight, hearing and contact (Morrongiello, 2005). Beyond this definition there are many and varied discussions about how and why supervision might lapse and how advice might be acceptably presented without counter-productive overtones of authoritarianism or judgement (Petrass, Blitvich, & Finch, 2011; Schnitzer et al., 2015).

The Government's newly established Ministry Oranga Tamariki (Children's Ministry) provides New Zealand's legal requirement for supervision. Supervision, according to this Ministry, is whether children have been left alone, without an adult present and rests on an assessment of reasonableness:

"...it is against the law to leave children under 14 without making reasonable provision for their care and supervision. What is considered 'reasonable' takes into account the circumstances in which children are left alone and the length of time they are alone. Parents are required to assess all the circumstances and make sure that any child left alone, or in the care of another child or young person is safe and not in danger" (Oranga Tamariki, 2018).

The term 'reasonable' is used in criminal law and implies the presence of common sense meaning the behaviour in question would be found acceptable by wider society (Burton, 2007). Yet consensus about parenting

changes over time. Bryder's history of the Royal New Zealand Plunket Society provides several examples of parenting behaviours that were previously considered reasonable but are no longer acceptable or thought safe, such as leaving children in play-pens, or permitting them to stand on the front seat of a car (Bryder, 2003).

Another problem with this definition is that what some people may consider reasonable parenting, others may consider unreasonable or negligent. One example was the New Zealand Police prosecution of Mr Gavin Vanner. The Police Prosecutor stated in court that "the prosecution was brought because a little girl was killed in circumstances that are killing kids on farms every year" (TVNZ, 2006). The practice of allowing very young children to drive quad bikes has been widespread in rural communities (Campbell, 2009) and Gavin Vanner's behaviour was considered reasonable by his supporters, whereas the Police action to prosecute a grieving father was considered unreasonable. In the outcome, the jury acquitted Mr Vanner of the more serious charge of manslaughter, leaving the lesser charge of criminal nuisance (TVNZ, 2006).

Injury prevention researchers have explored the contribution of supervision to child injury by setting aside social and moral implications and adopting a positivist approach that codifies attributes of children, adults and social and physical environments into discrete variables. Morrongiello (2005) proposed a conceptual model with supervision deconstructed into nine separate variables (or factors). Each of the variables Morrongiello explains, is shaped by socio-cultural context and how they jointly influence child injury risk. These variables, which include such things as attitudes, distractibility and feelings, are attributed to both the adult (caregiver) and the child and are assumed to function as described.⁴⁷ This positivist research attempts to define and objectify supervision as a researchable concept while side-stepping the messy and unpredictable issues of real world responses, subjectivities and interpretations. It was hoped the use of these variables

⁴⁷ See Appendix 3 for a diagram of how supervision can be deconstructed into factors.

would facilitate research into how the concept of supervision could be better used within safety messages (Morrongiello, 2005).

This reductionist analysis of the caregiver/child relationship seeks to facilitate diagnoses of inadequate supervision and once identified, permit the development of specific interventions to fix the undesirable or aberrant variables that might lead to injury. Such research contrasts sharply with the safety culture approach which directs energy toward framing positive discourse about the promotion of safety, seeks collaborative relationships and sets out to build widespread coalitions who share safe behaviours and practices (Center for Disease Control, 2008; Istre et al., 2011).

The American Academy of Pediatrics Committee on Child Abuse and Neglect has also grappled with defining supervision for the immediate reason of assisting clinicians determine whether a child presenting with an injury was subject to misadventure or required protection from neglect or abuse. In 2006 they published advice to help paediatricians identify children who were subject to 'supervisory neglect' defined as "whenever a caregiver's supervisory decisions or behaviours place a child in his or her care at significant ongoing risk for physical, emotional, or psychological harm" (Hymel, 2006, p. 1296). Despite stressing the need to be vigilant for abusive or negligent behaviour, the Committee also acknowledges the normality of childhood accidents, urging practitioners to be wary of pre-emptive or punitive judgement about the adequacy or otherwise of supervision:

"Remember that some child injury risks are unpredictable or unavoidable; caregivers may underestimate the supervisory requirements for some children, and even the most careful caregiver may experience a brief lapse of supervisory attention, proximity, and/or continuity that leads to childhood injury" (Hymel, 2006, p. 1297).

Moral judgement

"...they say to me... 'I supervise my children, are you calling me a bad parent?'" **Imia (Local Govt.)**

The link between the absence (or presence) of supervision and the death or serious injury of a child prompts some observers to ascribe negative attributes and blame to either the injured child or their parents (or care-givers). In these situations, child injury is ascribed to poor parenting which adds complexity to the difficulties of providing safety advice (Campbell & Cowley, 2015; Roberts & Coggan, 1994).⁴⁸

There is evidence that adults engage in moral judgement about parents' choices while supervising their children. In 2016 University of California researchers found interview subjects said they believed adults who left children alone in dangerous situations were behaving in an immoral way. Furthermore, when scenarios were adjusted to describe adults leaving children alone intentionally, the children were in more danger than in the same scenarios where adults were described as leaving them alone inadvertently. The authors noted:

"Our findings suggest that once a moralized norm of 'no child left alone' was generated, people began to feel morally outraged by parents who violated that norm. The need (or opportunity) to better support or justify this outrage then elevated people's estimates of the actual dangers faced by children. These elevated risk estimates, in turn, may have led to even stronger moral condemnation of parents and so on, in a self-reinforcing feedback loop" (Thomas et al., 2016, p. 12).

The moral outrage described in research interview scenarios is more complex in real life situations where it is not usually considered acceptable

⁴⁸ Roberts and Coggan (1994) described how language used in the investigation of the death of a child pedestrian consistently identified the child as being at fault for 'dashing heedlessly' onto the road. Other factors, such as the road design, absence of a safe crossing facility and traffic speed were not mentioned. Roberts and Coggan suggested this was not co-incidental but represented the power differential between the child and the interests of those using the road for economic purposes.

to publicly direct blame or moral outrage toward parents of an injured child. Different situations (such as leaving a child alone in a car or at a beach) might be considered reasonable by some adults ('we did that when we were young and were just fine') but only because there were no negative consequences on that occasion and they were unaware of severe consequences occurring elsewhere from the same circumstances. Another reason is that the adults hold beliefs about children's ability to keep themselves safe that are inconsistent with evidence about children's cognitive or developmental capabilities.⁴⁹ In those situations, when the injury of a child has been deeply traumatic for the adults involved, rather than being someone's fault the injury becomes attributed to bad luck and comments are made that the injury 'could not have been foreseen'.⁵⁰

Supervision advice

Conveying information to adults about supervising children is seen by injury prevention practitioners as both important and challenging. The term supervision refers to a 'parenting practice' and its presence implies ideal parenting (or caregiver) behaviour, while inadequate (or absent) supervision is considered negatively, as a failure of parenting or care giving. Furthermore, messages about supervision can appear ambiguous and contradictory. Parents are expected to supervise their children in some circumstances and not in others. Permitting children to walk to and from school independently is promoted as healthy and desirable, while leaving children (who are the same age) alone at home is not (Chillon, Evenson, Vaughn, & Ward, 2011; Collins & Kearns, 2005; New Zealand Government, 2008b; Wallis et al., 2014). Parents and caregivers seek and are encouraged to provide new and exciting experiences for their children yet

⁴⁹ Teaching very young infants to swim was initially misleadingly promoted to parents as a way of 'drown proofing' toddlers, leading to tragic events. In 2003 the American Academy of Pediatrics issued a statement "Parents should be reminded that swimming lessons will not provide 'drown proofing' for children of any age." (American Academy of Pediatrics: Committee on Injury and Poison Prevention, 2003)

⁵⁰ See Page 164: Disagreement about whether or not an event could have been foreseen was an important factor behind the public debate when the New Zealand Police brought a prosecution against a father following the death of his child on a quad bike. The police decided the event was predictable, therefore should have been preventable.

are criticised and penalised when those experiences vary tragically from expected outcomes (Campbell & Cowley, 2015; Thomas et al., 2016; TVNZ, 2006).

Parenting is considered a private activity but is subject to public scrutiny and perceived (or believed) failure to supervise children adequately can result in public censure. One interview participant (Salesi) described a situation where a parent's behaviour (supervision of his children) was considered inadequate by the police, who prosecuted following the death of the children. Salesi noted the undesirability of subjecting a grieving parent to legal process:

“There was a drowning incident with a couple of young children on Bethels Beach the year before last and basically the parent was sitting on the sand watching the children being swept out to sea. He didn’t realise what was happening. The police decided he did not take reasonable steps to ensure they were safe or try and save the children. He managed to save one but not the other of the two children, which is quite a gut-wrenching thing for a family. Not only have they had a loss, but they have been going through the criminal process.” Salesi (NGO)

Injury prevention researchers have for many years noted that ‘passive’ measures to prevent injuries are more effective for preventing injury than ‘active’ methods, such as providing messages to ‘supervise’ children (Peden et al., 2008).⁵¹ This is particularly relevant to home swimming pool fencing. Advice to ‘supervise your child’ to prevent them drowning in home pools has been aligned with narrative which emphasises individual responsibility and promotes the idea that as children are the private property of their parents and government should have little or no role in their protection.⁵² Requirements to fence home swimming pools is referred to as an ‘unjustified’ infringement of private property rights. Some continue to argue that supervision of a toddler is the most effective way to prevent pre-

⁵¹ See also page 48 for an explanation of ‘active and passive’ measures for injury control.

⁵² See Chapter Eight for an in-depth discussion of supervision in the debate about fencing of home swimming pools.

schoolers drowning in home swimming pools, despite extensive evidence to the contrary (Hassall, 1989; Swish Automation Ltd., 2018).⁵³ The repeated failure of educational programmes to prevent such drownings is ignored (Department of Building and Housing, 2008; New Zealand House of Parliament, 1986, 1987; Paediatric Society of New Zealand, 2013; Williamson, 2013c).

Normative and judgemental inferences are implicit in the question of whether adequate (or inadequate) supervision might contribute to unintentional child injury. Such implications are linked to both the specifics of potentially life threatening situations (such as leaving a child alone playing with a cigarette lighter in a car) and wider discourse about parental rights to both privacy and choice in how they care for their children (Thomas et al., 2016). Jivin linked responses to advice provided about supervision to the degree of personal control an individual might feel they have over the circumstances of an injury.

“This also comes back to people’s perception about how much of this was really an accident and whether it’s a case of ‘something I could control’, versus ‘something I could not control’. Where they (the public) have little control, but the risks and consequences are high, they are willing for more to be done. Where they believe the consequences are relatively low and the personal responsibility is high, then they don’t want government to do anything.” Jivin (Crown Entity)

Jivin also pointed out that child parenting practices, beliefs about supervision and expectations of child behaviour change over time. This is reflected in Zelizer's observation of the changed status of children from providing an economic contribution to families as workers to becoming dependent members of society who are protected and viewed as priceless (Zelizer, 1985).

⁵³ The owner of Swish Automation Ltd, a company that makes and sells automatic sliding doors, stated on the company website that it is his objective is to get the lack of parental supervision recognised as the ‘prime contributor’ to child drownings and that parental supervision, not fences should be the first method used for prevention (Swish Automation Ltd., 2018).

"...with the development of the industrial revolution we see the advent of child safety becoming an issue as children were used as donkeys in the mines and children working and injured in the cotton mills. ...The reality is that child labour and child safety have always been there for hundreds, perhaps thousands of years, it is just that it has become more conscious in our times." **Jivin (Crown Entity)**

Lindsay and Dempsey (2009) describe how social attitudes toward parenting exert powerful pressures on individuals. Not only is a child no longer expected to provide an economic contribution to the family but caring for them is considered a full-time activity that requires sacrifice and commitment. In the context of parenting being a sacrifice (and full-time commitment) it is unsurprising that advice to 'supervise your child' (which can be perceived as a directive to be a 'better' parent) is provided with caution and sometimes responded to with hostility.

Barriers to adopting injury prevention measures

Child injury prevention is based on the normative assumption it is best to prevent the avoidable death and injury of children.⁵⁴ Based on this assumption injury prevention researchers and practitioners expect parents will use child safety equipment (such as child car restraints) and follow recommended practices (such as staying within reach of the child when they are in water). When the behaviour of families differs from this, it is presumed parents were prevented from engaging in safe behaviour by some sort of obstruction or barrier.

Injury prevention research has attempted to identify barriers that might explain why injury prevention advice and resources are not used as anticipated. Many projects focus on individual safety issues, such as what might make the use of child restraints or cycle helmets less likely. Other research identifies more generic barriers that prevent parents and families providing care required to keep their children healthy, such as peer pressure, financial barriers, where the actual (or perceived) cost of safety

⁵⁴ This is discussed in greater depth in Chapter One.

equipment was thought to make it unobtainable, negative attitudes toward injury prevention, such as fatalism (the 'accident prone child') or the belief such devices (such as car seats) are unnecessary or too inconvenient to use. Others include environmental constraints, such as living in rental accommodation without smoke alarms or in neighbourhoods with few safe pedestrian or cycle pathways. (Gibbs et al., 2005; Howard, Snowdon, & Macarthur, 2004; Scholtes et al., 2016; E. Simpson, Moll, Kassam-Adams, Miller, & Winston, 2002; J. Simpson, Wren, Chalmers, & Stephenson, 2003; Smithson et al., 2010).

Lack of legislation that mandates the use of safety equipment coupled with the lack government resources providing advice were also identified as barriers to the use of safety equipment and practices (Wilson, Chambers, & Hamill, 2013).

Smithson et al found that inadequate communication provided a barrier for families receiving injury prevention advice (2010). Chaya recounted difficulty while working as a volunteer distributing information leaflets on a range of health issues. She wanted to also include leaflets providing injury prevention advice but found there were few resources about injury prevention and limited opportunities for distributing those that she could find. Injury prevention was seemingly not prioritised by health sector agencies engaging with families.

"...It became really obvious that getting information to people who need it is really difficult. It's really, really difficult. They had so many access points for health issues and even for education issues, there are plenty of access points, but the priority is not ever on preventing injuries."

Chaya (Local Govt.)

Consistent with Smithson's list of barriers, Josephine identified the cost of safety equipment and poverty as reasons some New Zealand families did not use child car restraints.

"...there is never enough money. It is a huge contention for those working in the area. That alone puts barriers up and we have to look at the big

picture, why are people not using car restraints, or why are they not using them correctly. It comes down to poverty issues..." Josephine (NGO)

Josephine also identified the importance of adolescent choice about fashion as a barrier to her teenage son wearing a cycle helmet. Both the teenager and parent were aware of the law requiring a helmet be worn when riding a bike and the teenager found a way of circumventing it (by riding a skateboard, where a helmet is not required).

"... he (interview participant's teenage son) said, 'I don't want to ride my bike, because I don't want to wear my helmet because one: a helmet is not cool and two: it's going to ruin my hair'. So, he went from not riding a bike any more, to riding a skateboard because there's no law that says you have to wear a helmet when you are using a skateboard."

Josephine (NGO)

The tendency of teenagers to seek risky situations (and reject injury prevention advice) is recognised as a barrier to safety and has been linked to an increased incidence of adolescent serious injury and death. The Child & Youth Mortality Review Committee's Fifth Report directly links adolescent driver crashes with the presence of peers in the vehicle and notes that along with steps taken to prohibit peers in vehicles, there is also a need for a broad approach for addressing risk seeking behaviour by this cohort (Child and Youth Mortality Review Committee, 2009, p. 24).

"...findings of these studies imply that risk-taking during adolescence is also embedded within the social and emotional environments young people find themselves in. This means that while risk-reduction driver education may be feasible, education alone will do little to reduce youth risk-taking in the absence of a wider social developmental approach" (Child and Youth Mortality Review Committee, 2009, p. 25).

Risk and supervision in injury prevention

Risk, like the concept of supervision, has varying interpretations and applications. Statistical and epidemiological risk calculations identify variables and then sample populations to calculate the statistical probability of the occurrence of those variables. Public health practitioners have noted the importance of social determinants of health, such as poverty and ethnicity in the likelihood (or risk) of adverse health events (Marmot, 2005; Mills et al., 2012; Ministry of Health, 2002). Studies in the United Kingdom and New Zealand show injury risk (i.e. the occurrence of injury hospitalisation) is related to social determinants (Baker, 2010). Towner (2005) and Craig (2012) have shown that poor children are more likely to be seriously injured than those in higher socio-economic groups. This is consistent with an earlier study by D'Souza (2008) who used counter-factual modelling to show New Zealand's child injury rates would be reduced if poverty were reduced. Others have focussed on parental perceptions of risky play and the wider health implications of restricting risky play experiences (Brussoni et al., 2014; Morrongiello, Corbett, McCourt, & Johnston, 2005).

Epidemiological studies do not provide an indication of dangerousness per se, nor will epidemiological studies indicate any given individual's risk of injury at any given time or in any situation, which creates a paradox in perception and response (Campbell & Cowley, 2015; Kary, 2014). It is possible for families to be within a 'high risk' group, yet who are not representative of their demographic regarding their safety behaviours. It is also possible for others who are within a low injury risk 'demographic group' to engage in higher risk activities, such as motor bike racing or horse riding.

From the safety culture perspective, risk is related to belief. People might believe they are safe in situations (such as at home) when injury surveillance data show high numbers of injury events happen in those circumstances, and vice versa (Kalafatelis et al., 2011). Morrongiello's 2005 supervision model can be applied to show the factors (or determinants) that might influence how injury risk might be perceived. Studies show parents

make decisions about how much they supervise children in traffic and in the water, based on their knowledge of the environment and judgment of their child's developmental ability (Dunbar, Hill, & Lewis, 2001; Eszenyi, 2011; Pitcairn & Edlemann, 2000; Soole et al., 2011). Salesi noted that her perception of the safety of her local beach was significantly revised following the unexpected (and largely unexplained) drowning of three children and an adult.

“Most parents would think that beach was safe. ... They (interview participant’s children) played on that beach for years and years and years and I had no worries, I felt that they were safe, yet if I had known there were those sorts of rips there, it would have been different.” Salesi (NGO)

Risk can also be about a private 'trade off' between two undesirable activities. Balancing the risk of one activity against another includes balancing the risk of injury against the risk of other adverse circumstances. Campbell (2009) described how mothers working on farms took their children with them on quad bikes as passengers, against quad bike manufacturers' recommendations, in the full knowledge this is a 'risky' activity. However, their choice to do so was balanced against their judgement that the alternative of leaving the child alone in the house without an adult carer is a riskier behaviour. This provides an example of private decision making where alternatives have been weighed and safer strategies (such as arranging child care) have been ruled out as unobtainable.

Green (1997) pointed out children use exposure to hazardous events, risk and excitement as one basis for their construction of their social identity. The interpretation of the value of 'hazardous' events frames injury prevention (or the pursuit of safety) as a 'deficit', something that is provided at the cost of another 'thing'. Leilani commented on the occurrence of a perceived reduction in skills, which was associated with a reduction in risk-taking play:

“I remember in China when we were there, they just developed a programme with the University of New York, and a couple of other people,

and what they were finding was that with the “One child policy” these kids were growing up in cotton wool and never taking a risk. So they have to run these programmes for five year olds, to teach them how to do risky things. I don’t mean silly risky things I mean actually being able to take a risk, simple things like sitting on a mat and sliding down a slope. They had no idea how to do any of that”. Leilani (Local Govt.)

Jivin also focussed on this aspect of child injury prevention, noting that this is a debate that has yet to be fully explored.

“Where is the trade-off between necessary development of risk assessment, and physical and psychological development and decision making? I am not hearing any child injury prevention advocates engaging in this debate and it needs to be debated amongst the community.”

Jivin (Crown Entity)

A systematic review on the relationship between children engaging in risky outdoor play and their health has been published since this comment was made during research interviews. The review, covering eighteen studies and 21 papers, defines risk in the context of various types of risky play, and notes “The findings overall suggest positive effects of risky outdoor play on health” (Brussoni et al., 2015, p. 6445). This research sets the scene for further debate and critical analyses of how injury prevention interventions might influence play experiences in unanticipated ways.

In 2013 Johnston and Ebel discussed the additional conundrum that possible injuries present themselves as immediate threats to be avoided, while equally devastating unhealthy effects of inactivity may not emerge until years later. A further complexity, they suggest, is ensuring there is adequate understanding of injury risk in specific situations;

“...unfortunately some of these minor injuries are caused by mechanisms that could just as easily have resulted in something more serious” (Johnston & Ebel, 2013, p. 1).

They continue:

“Our challenge (as injury prevention advocates) is thus to provide a realistic assessment of injury risk, work to create environments, products, and patterns of behaviour that drive this risk as low as possible, and restore a perspective that demands activity be made safer, not that activity be avoided” (Johnston & Ebel, 2013, p. 6).

Conclusion

Injury prevention workers, researchers and advocates promote the adoption of a safety culture, while at the same time emphasising the need for positivist research that counts and quantifies injuries, activities which have the effect of reifying safety into something that can be counted and measured. In this view safety and risk, rather than being socially defined phenomena, are viewed as objective realities that can (and should) be assessed, measured and managed. This provides the opportunity for the negative perceptions of safety, viewing it as a deficit, where more safety (or less risk) will (or can) result in individuals experiencing less of something else more desirable.

‘Perceptions of safety and supervision’ are also themes that traverse both public and private discourse. They include observations and comments about the ways safety and safety advice is discussed and responded to, in public and within the private sphere of parenting. Normative and moral arguments about caring for children are often involved and there are public and private debates about the ‘trade-offs’ between safety and other societal or parenting goals. These debates not infrequently invoke hostile and defensive interactions between members of the community and those promoting child safety interventions.

Making progress to reduce the incidence of preventable harm to children requires individuals and organisations to ‘speak up’ and actively engage. It is essential for practitioners to be cognisant of the nature of the debate and issues within public and private discourse about both safety generally, and child safety. This leads to the next themes that emerged from participant interviews: those of advocacy and lobbying.

CHAPTER 7: ADVOCACY AND LOBBYING

This chapter examines how interview participants discussed advocacy and lobbying for child safety policies and programmes, along with associated literature. The words advocacy and lobbying were not used frequently by participants, but they were discussed in ways distinct from other activities and emerged as separate themes within this thesis.

Participants described advocacy and lobbying as actions taken to advance child safety, yet many actions promoting child safety were referred to without being attributed to either term. Advocacy and lobbying were said to be undertaken by individuals, groups and organisations that were both inside and outside of government.

Advocacy activities were described in several ways. Participants spoke about having access to resources and the opportunity and ability to act (i.e. the power). Sometimes child injury prevention advocacy was the completion of simple activities funded by others (such as distributing child safety information or convening a meeting about child safety), at other times advocacy was allocating financial resources for child safety (such as flying individuals between cities to attend meetings), while on other occasions child safety advocacy was achieved through an individual taking the initiative, at an opportune time, to enact a major policy change.⁵⁵

Definition and differentiation

Participants used the terms advocacy and lobbying loosely and interchangeably. This interchangeable use of the terms reflects wider literature on the topic, which provides little firm definition. Beth provided an example typical of the way the terms 'advocacy' and 'lobbying' were used, as though they might be different, yet related activities. This was despite

⁵⁵ For example, Child and Youth Mortality Review Committees were established when the Minister added a clause to associated legislation, second the activities that resulted in the passing of the Fencing of Swimming Pools Act (1987).

general acceptance that advocacy is approved of, while lobbying is frowned upon.⁵⁶

“...certainly, his advocacy and lobbying got that issue a long way up the list...” **Beth (Central Govt.)**

Advocacy and lobbying have been extensively studied and discussed within political and policy science and sociological theory. Machiavelli's 16th century work 'The Prince' is acknowledged as a primary treatise on exercising the art of political influence (Machiavelli & Viroli, 2008). Political science identifies Dahl's study of New Hampshire local government as a landmark exploration of community influence over political decision makers ("Who Governs?" Dahl, 1961) and since initial publication, Advocacy Coalition Theory (Weible et al., 2011) and Network Theory (Honeycutt & Strong, 2012) have generated a proliferation of papers, establishing these as major theories that provide analysis and insight into how individuals and groups can become more influential when they set out to work together.

Mai Chen's 2012 "Public Law Tool Box" is a comprehensive guide to New Zealand Public Law. Rather than defining advocacy, or differentiating it from lobbying, Chen describes advocacy in the widest possible terms as encompassing many and varied interactions between government and groups, stressing its importance for economic progress, a robust society and democratic government. Chen notes diverse examples of successful advocacy over many years, from New Zealand's suffrage movement achieving the first vote for women, to farmers achieving legislation for improved governance within the New Zealand dairy industry (Chen, 2012).

Advocates and/or lobbyists working collectively are often referred to as 'interest groups' or 'pressure groups' which are collaborations between individuals, groups and organisations, usually working outside of government. Such groups are considered an important vehicle for influencing government. Many are credited with achieving positive social

⁵⁶ Adding to the confusion, the word advocate can be used both as a noun and verb: "an advocate can lobby for a cause" and "a lobbyist can advocate".

outcomes, while others seek to influence the political agenda to advance their own interests (Chen, 2012; Kingdon, 2003; Kypri, Wolfenden, Hutchesson, Langley, & Voas, 2014; R. Miller, 2010). Kingdon also sidesteps defining or differentiating the terms advocacy and lobbying, choosing instead to describe the activities of groups and individuals, noting their impact on government. He states:

“Interest group pressure does have a positive impact on the government’s agenda and does so with considerable frequency. A group that mobilises support, writes letters, sends delegations, and stimulates its allies to do the same can get government officials to pay attention to its issues.” (Kingdon, 2003, p. 49).

Drawing upon his extensive political experience, Rick was keenly aware of this process:

“...things come onto the agenda because there is a committed person, or group, who agitate and agitate, and work over Ministers and work over opposition and build up public momentum and make a thing happen...”

Rick (Central Govt. Politician)

For those seeking to advocate successfully, the challenge remains to identify the best ways to ‘agitate’ and ‘work over’ politicians to achieve desired results.

Morality - advocacy and lobbying

While advocacy and lobbying are difficult to differentiate there is a vastly different moral understanding allocated to each. Advocacy involves implicit moral approval, lobbying does not. Advocacy (in contrast to lobbying) is considered a ‘responsibility’ that carries overtones of moral approval, carried out in the pursuit of a better outcome than the status quo. Advocacy is required within the legislation of several Government departments and agencies. The Children’s Commissioner Act (2003a), for example requires the Children’s Commissioner “...to act as an advocate for children’s interests, rights, and welfare generally...” (New Zealand Government,

2003a Part 2: Section 12 Clause (f)). Safekids Aotearoa, a service within a Crown Entity, describes advocacy as;

‘...the truthful presentation of information to decision makers in order to promote the adoption of specific government actions or policy’ (Safekids New Zealand, 2007b).

The Safekids definition of advocacy presumes advocates have integrity (are truthful) and expertise (information) about the field or issue for which they are advocating. They are, in this view, individuals with ‘moral authority’ (and sometimes legal responsibility) to speak up on a topic or issue that involves promoting the public good (Friedlaender & Winston, 2004).

Lobbying is perceived as incorporating secrecy and possibly corrupt behaviour to acquire private benefit. Lobbyists are usually experts in government and political processes who are employed by specialist agencies (lobby firms) and companies for convincing governments to deliver policy objectives that are commercially beneficial (Parliamentary Library, 2012; Walters, 2017; Young, 2003).

New Zealand, like other constitutionally similar countries, has no legislation about lobbying and few constraints on the activities of lobbyists, apart from a Parliamentary Services requirement for lobbyists to be listed on a public register and record their movements when accessing Parliament’s precinct (Parliamentary Library, 2012; Walters, 2017). Such requirements are linked to the notion that lobbyists are ‘outsiders’ with vested interests who should be monitored and constrained when working with politicians (James, 2014; New Zealand Government, 2008a; Parliamentary Library, 2012).

The New Zealand Government’s Cabinet Manual (2008a) does not provide any definitions of lobbyists, or advocates, but differentiates the two groups, warning that while Ministers might ‘advocate’ for particular groups or view points on issues, care must be taken to avoid association with ‘lobby’ groups. The Cabinet Manual clearly identifies lobbyists as ‘outsiders’ engaging in activities that should be constrained. It states:

“Ministers do not act in isolation from their political, constituency and community networks. Indeed, some Ministers are elected to Parliament because of their close association with and advocacy for particular interest groups ... Ministers should take care, however, to ensure they do not become associated with non-government organisations or community groups where:

- (a) the group’s objectives may conflict with government policy;
- (b) the organisation is a lobby group;
- (c) the organisation receives or applies for government funding.”

(New Zealand Government, 2008a, p. 27).

Lobbying is thought of as an ‘outsider’ activity, though it is one that relies on insider access to government politicians and knowledge of parliamentary systems (Walters, 2017). This was discussed during interviews. William described a public health expert as an effective ‘lobbyist’. He commented the individual was credible (well informed and dependable) and although outside of political and government institutions, was effective at “getting alongside” politicians and advancing issues.

“...one who has done much better at getting alongside and establishing credibility with the sector and with politicians is [name withheld] of the New Zealand Drug Foundation. He has been quite effective as a lobbyist.”

William (Central Govt.)

Despite the differences in moral standing between advocacy and lobbying, interview participants described individuals and organisations as ‘lobbying’ and in one example, the term lobbying was used by Steffi to describe one (highly respected) organisation’s activity to promote child health:

“Sometimes they help with the police reports as well, and on all sorts of aspects of young children’s health and safety lobbying.” **Steffi (NGO)**

This comment underlined how interview participants perceived both advocacy and lobbying as important ways of advancing child safety and wellbeing. It also indicates the very fluid definitions of the terms that exist in

the public mind and the ready acceptance of lobbying when it is being carried out for what are viewed as socially beneficial purposes.

Barriers to the adoption of injury prevention policy

Differences in child injury and mortality rates have been linked to differences between jurisdictions' implementation of injury prevention measures and governments' failure to implement known, evidence based child safety measures (Philippakis et al., 2004).

Situations where injury prevention measures are not implemented have been the subject of scrutiny so that 'barriers' to the adoption of these measures can be identified and removed. In 1998 the New Zealand Ministry of Health surveyed 50 organisations and individuals involved in child injury prevention to identify barriers to the adoption of injury prevention measures. Responses provided a comprehensive overview of reasons which included lack of evidence about injuries (data); low prioritisation of injury issues (by both individuals and organisations); and negative attitudes about injuries (victim blaming and fatalism). Political and policy factors included the absence of safety legislation or regulation and where these were present, inadequate or non-existent enforcement strategies, which rendered them ineffective (Tuohy, 1999).

Although some advocacy efforts by medical practitioners have been highly successful, attempts to set 'policy prescriptions' within medical publications can be counterproductive. Bland (2011) and then later, Shepherd (2013) published papers which identified child injury prevention policy measures that, if implemented, would "result in a significant reduction in the child mortality and morbidity rates of New Zealand children" (Shepherd et al., 2013, p. 470). Although persuasive, neither article prompted policy responses from government agencies. Waterston (2012) noted that the absence of public policy expertise in paediatric training may impede effective advocacy and more recently the New Zealand Government's Chief Science Advisor, Sir Peter Gluckman (also a paediatrician by training), when speaking at an international policy convention, warned that:

“Scientists needed to appreciate that political ideology, financial and diplomatic constraints, and “electoral constraints” also had to be taken into account by politicians... ..Otherwise trust in advice can be lost as it becomes perceived as advocacy,” he (Sir Peter Gluckman) argued...’ (Matthews, 2017)

Gluckman’s inference is that advocacy, in some circumstances might have a negative impact for achieving the policy changes sought. Matthews continues, to quote the editor-in-chief of *Science*, Jeremy Berg, saying that:

“...academics have too often ventured into giving policy prescriptions, rather than just explaining the evidence...” (Matthews, 2017)

Coggan and Gabites (2007) studied City Council applications for World Health Organisation ‘Safe City’ accreditation and concluded that “to improve community safety it is necessary to develop partnerships and networks between individuals and organisations and other providers” (2007, p. 94). This conclusion suggests the importance of building relationships in order to advance child safety policy.

Lyons et al (2013) set up an “Advocacy in Action” mixed method study to identify and explore barriers to the United Kingdom’s local government adoption of child road safety measures. This study sought to discover if there would be statistically significant differences in public expenditure on safety between local government areas where local politicians were provided with information about local pedestrian injuries, and those where they were not.

Disappointingly to the researchers, no statistically significant expenditure differences were found. The authors attributed this result partially to the short time span of the study (just under two years), as opposed to much longer-term council funding processes. In the qualitative component of the research, politicians reported institutional factors (council structure) and attitudes (lack of political will and negative attitudes of officials) as barriers

to allocating funds for injury prevention projects. Further study was recommended (Lyons et al., 2013).

Advocacy and leadership – Individuals

Advocacy is often described as leadership and advocates as committed people who speak up, set the discourse and create momentum for change (Devakumar, Spencer, & Waterston, 2016, p. 596). The description of advocates as individuals who 'speak up' aligns with Kingdon's identification of 'policy entrepreneurs' described as 'individuals within the policy and political environment who seek to influence decision makers, so change can occur' (Kingdon, 2003, p. 122). Interview participants repeatedly commented on how the actions of individuals advocating for child safety have made an impact:

"...in terms of seeing how issues are championed or advocated for, or enabled, a lot of this will rest upon individuals...." **Maau (Local Govt.)**

Hans also acknowledged individuals who have been associated with significant improvements in New Zealand's child safety policy:

"We have had in the past the fireworks lady and the cycle helmet lady and the various people who become recognised crusaders for particular causes and then they have a place in the firmament in their own right."

Hans (Central Govt.)

Paediatricians have for many years prompted their colleagues to lead child health advocacy. Waterston, a United Kingdom paediatrician, urged his colleagues to be actively involved in advocacy, which he described as "speaking out in a cause" and using "persuasive communication with targeted actions in support of a cause or issue that seek to change policies, positions or actions" (Waterston, 2012, p. 181). Waterston noted individual paediatricians have achieved major improvements in child health, identifying the introduction of child resistant medicine containers and the reduction of hot water tap temperatures to prevent scald burns (Waterston, 2012). However, this work is challenging. A systematic review of the

literature led Woods (2006) to conclude that medical staff often undertake advocacy with considerable success but face challenges, such as lack of resources and inadequate (or absent) training in politics and policy, which makes the task daunting.

Medical professionals in New Zealand (including paediatric intensivists and surgeons, paediatricians and public health specialists) have adopted active and high-profile roles advocating for injury prevention, including working with Plunket, establishing and working with Safekids New Zealand, publishing research papers, presenting at conferences, attending meetings and being available for numerous media interviews, both nationally and internationally (Bryder, 2003; M. Johnston, 2016a; Teague, 2014).

Insider advocacy

The separation of the public service from the political and public realm is a well-accepted principle of Westminster democracy. Public servants are considered insiders who work within government, responding appropriately to the wishes of democratically elected parliamentarians, who in turn respond to the wishes of their electorate. Theoretically, politicians provide guidance about the overall strategic direction while the public servants are expected to offer politicians ‘evidence-based’ advice provided without ‘fear or favour’. Such advice is expected to promote public good over sectoral or political interests (Chen, 2012; Kibblewhite, 2016). James succinctly describes the idealised understanding of the relationship between New Zealand’s public servants and politicians:

“Public servants’ role is to disinterestedly examine, test and critique the ministers’ wishes and offer advice on that, or an alternative course of action, then work out how to give effect to ministers’ final words on the subject and do what they are lawfully told to do” (James, 2016, p. 1).

The political neutrality of public servants, and their separateness from politicians, appears to be an illusion that does not withstand examination of the everyday experiences of those working within government. The

assumption that policy decisions and initiatives flow from politicians to the public service can also be challenged. A major study interviewed over a thousand public service managers across Australasia and found that far from being the independent, neutral public managers of popular perception, public servants regularly interact with elected politicians and act in a political manner. Hartley's study describes how public servants found it important to interact with political decision makers and often chose to recruit support for predetermined policy proposals (Hartley et al., 2013):

“...overwhelmingly, the respondents underscored the significance of securing a mandate in order to be able to do their jobs” (Hartley et al., 2015, p. 203).

Hartley et al also found that public servants, far from being the stereotypically passive administrators of political will, actively advocate for policies (Hartley et al., 2013). Interview data confirmed New Zealand public servants actively interact with political decision makers to gain a mandate for child safety proposals. Rick noted:

“Officials will pop up, often times with policies, year in and year out, election after election until someone says yes. So they have, if you like, their agenda that they are putting in front of their Minister. And usually it’s pretty thoughtful, pretty smartly thought out and it might be something like this particular aspect of safety legislation has got a bit tired and ‘needs a look at’ and would the Minister be happy doing this?”

Rick (Central Govt. Politician)

Research participants commented that public servants sometimes act within their official roles to advance child injury prevention, even when the child safety projects are not part of the official agenda determined by cabinet, agency leadership or council. Interview participants emphasised how public servants can (and do) act within the 'official' parameters of their work roles to promote programmes to political decision makers. Leilani described how she worked to ensure child safety would be included on the agenda in local government in ways that were unofficial and marginally acceptable.

“Whenever I got a chance I’d bang off at a council member or two. You can’t write that down and say that is a strategy, because you would get told off about that.” **Leilani (Local Govt.)**

Interview participants also disclosed some projects were funded ‘under the radar’ using discretionary funding (see Chapter Three on Power) and through an individual’s actions. Sione noted an instance of someone delivering child safety activities without them being officially part of their role.

“We were running the paracetamol poisoning prevention programme and ... somebody left or something happened and there was nobody to roll it out and the local Road Safety Co-ordinator ended up doing it. Poisoning is not in a Road Safety Coordinators’ role even by any stretch of the imagination. There is nothing you can do to be creative about it. But he made time and did it.”

Sione (Crown Entity)

Interview participants who worked within government also spoke about singular opportunities to have policies adopted and projects provided with funds and resources. ‘Insider information’ appeared to be a major factor for identifying these ‘opportunities’. This supported the importance Kingdon placed on taking advantage of ‘singular, short term opportunities for advancing a policy initiative’ described as ‘policy windows’ (Kingdon, 2003, p. 166).

“...there was a one-and-a-half-hour opportunity to have the strategic approach for (the strategy) to adopted or abandoned.” **Jivin (Crown Entity)**

The same interview participant marshalled resources and arranged for advisors with authority, credibility and long-term experience to attend a meeting. The meeting fits Kingdon’s description of a ‘policy window’ opportunity for the adoption of a policy.

“Now I know for a fact that the public health component of the (...) strategy is only there because I had the nous to say “(1st Professor) I will

fly you up from Otago; (2nd Professor) you also need to be there, I will fly you down from Auckland. I need you. I can give you a fifteen-minute slot in front of six Ministers.

They (the experts) said to me, why do you need us there? (I responded) One, because you have the mana, the credibility, you know the subject area and second, I need you there, so I can get the draft (....) strategy that I have in front of these guys through. And the decision will be made out of this one-and-a-half-hour meeting...” Jivin (Crown Entity)

Beth also described how she brought injury information into a decision-making forum within the Ministry of Health.

“... had done an analysis of New Zealand’s child injury rates compared to other OECD Countries with lots of graphs and so on, which didn’t put us in a very good light. I started off with that. I wasn’t supposed to, but I just did it, making the point that injury was entirely preventable, and we needed to do something about it. The money we got from that year, when it was the top priority, was used to initiate a range of programmes that are still going.” Beth (Central Govt.)

This research data showed child injury prevention has been advocated for, supported and advanced by employees working within public sector agencies and a 2009 directory of New Zealand’s injury prevention workforce showed almost all were employed within government organisations (Injury Prevention Information Centre, 2009). Child injury prevention, it can be argued, was strongly advocated for from within government.

Insiders are individuals with ‘deep knowledge’ about their area of expertise and government processes. Insiders also have access to political decision makers and decision-making situations. Yet research suggests these factors alone are insufficient in the absence of supportive coalitions and overall agreement about the importance of the issue and its justification for the use of resources and expenditure.

Despite the importance of insider advocacy, individuals and groups outside government also have power and are important for creating awareness about child safety measures and determining which measures are proposed and supported by government. In addition to identifying his role as an insider, Jivin drew attention to the fluidity of interactions between government and the community, identifying this interaction as a 'dance' and the importance of 'outsiders'. He commented:

“...it’s (the interaction of community with government) a constant weaving. It’s a ballet dance between them all. And that is why I don’t buy into artificial academic debates between whether it is just government or community. It is not either or, it is a social trade off, there is a constant communication...” **Jivin (Crown Entity)**

This comment draws attention to the ways in which outsiders influence government through petitions, submissions and engagement with all forms of media.

Outsider voices, petitions and submissions

Outsiders in this context are individuals or groups working outside of government organisations (or government funded organisations) to achieve policy changes. Being outside of government they have different opportunities to influence policy making, including through publishing their issues in media, making submissions or creating petitions (Chen, 2012).

The media was referred to only briefly by two interview participants but plays an important part of drawing attention to issues and motivating political decision makers to focus on issues. Chaya stated:

“...those stories were in the media and people noticed. So, I think it is a combination where there is a significant event and if the media picks that event up, then yes, you will get an awful lot of change.”

Chaya (Local Govt.)

Advice on how to encourage and manage media commentary is published for the injury prevention sector. In 2008 the USA based Centre for Disease

Control (CDC) published a guide “Adding Power to our voices: A Framing Guide for Communicating about Injury” which is a ‘how to manual’ for talking with media about the issue of injury. (Center for Disease Control, 2008).⁵⁷

Despite the potential for media to promote child injury prevention measures, this does not always occur. Recent research examined media articles describing New Zealand child injury events and found many were without associated prevention messages, suggesting there were missed opportunities for increasing public knowledge and awareness (John & Kool, 2017).

Social media is increasingly important as a means of creating discourse and shaping public opinion. Josephine commented:

“Some people think it’s a good thing, some people think not so good, but one thing that social media is about is that it does get the message out there, it does make people aware, it starts that conversation...”

Josephine (NGO)

The submission process was mentioned by interview participants as an important mechanism for outsiders to present child injury issues to both central and local government agencies. Chaya identified the advantages of personal relationships with decision makers, but where this was not possible, submissions were also available.

Sometimes you need to engage with the politicians, and sometimes that is through the submission process, or sometimes it’s possible to develop personal relationships. Some structures allow you to have them, some don’t. **Chaya (Local Govt.)**

There is little research on submissions provided to New Zealand government and little guidance about what factors contribute to their

⁵⁷ Advice on framing was popularised in the writing of George Lakoff, who wrote a 2004 best seller ‘Don’t think of an elephant’. Framing is discussed again in Chapter Six (Perceptions of safety) and Chapter Eight (case study on swimming pool fencing) and Chapter Nine, (Discussion) (Lakoff, 2014).

effectiveness (Kypri et al., 2014). Yet contributing submissions is considered an important activity, as Chaya noted:

“We as an organisation submitted submissions on that; we also did oral submissions, so that is our way of, where we can, advocate. It is how we work for child injury.” Chaya (Local Govt.)

One project examined submissions to a Private Member’s Bill for alcohol law reform, comparing submissions from Non-Government Organisations (NGOs) and community advocacy groups (who supported the proposed policy changes) with industry submissions (who opposed the proposal). Submissions for and against the proposal were almost evenly split (74 in support to 72 against), but those from industry were described as more coherent and organised than those from the community, whose submissions were disorganised and often poorly written. The outcome was government voting to reject the Private Members Bill and support industry recommendations.

Study authors recommended that pecuniary interests should be taken into account when government considers submissions and that processes should provide a greater opportunity for those with fewer resources than others to have a coherent ‘voice’ within submission processes (Kypri et al., 2014).

Submissions to the National Government’s Building (Pool) Amendment Bill (2016) differed to those in Kypri’s study. Only approximately 15% of submissions were in support of the government’s proposed legislation, almost all of which were provided from company owners and industry representatives. Most of the other submissions were from families and health and child safety organisations and groups who were opposed the government proposal.⁵⁸ These were well written, with most including evidence to support their arguments. Yet none of the recommendations for

⁵⁸ A small group of submitters (less than ten percent) were ambiguous about their support or opposition.

increased (or maintained) safety were adopted (New Zealand Government, 2016a, 2016b).⁵⁹

The common theme between these examples of submissions to Government was that the policy outcome in both cases aligned with and supported industry policy preferences over those from health and community advocacy groups. Tenbensen and Gauld describe a range of approaches to policy making, one of which he describes as the neoliberal approach, in which policy makers consciously and actively operate a bias for advancing policies to achieve smaller government, business (market) interests and strengthened private property rights over and above all others (Tenbensen & Gauld, 2001). Further analyses of the submissions in both these cases may provide empirical evidence to support the presence of such bias.

Petitions are another way for individual ‘outsiders’ to provide government with an indication of popular support for their sought after policy outcomes and are used with varying success (Chen, 2012). The pool fencing case study (Chapter Eight) identifies a notable child safety petition when in 1975 “J Callagher and 800 others” presented a petition to government that requested home swimming pools be fenced. There is little published about the efficacy of petitions seeking policy changes for New Zealand child safety improvements.

Advocacy and leadership – groups

New Zealand organisations and groups working to improve child safety vary widely in their structure and how they operate. Some are within government yet appear to be ‘outside’ of the public service. Safekids New Zealand is sometimes considered to be separate from government (sometimes describing itself as a ‘child safety organisation’) but is funded by the Ministry of Health and is a service within the Auckland District Health Board (Safekids Aotearoa, 2014). The Office of the Children’s Commissioner has its own legislation and receives funds from Parliament, and at the same time

⁵⁹ Detailed further in Chapter Eight on swimming pool fencing

the Commissioner is required to speak publicly and advocate for children, sometimes critically of government policy (Barrington, 2004).⁶⁰

Some child safety organisations and groups are outside of government, receive no government funding and focus on a specific child safety issue in the hope (expectation) their actions will achieve policy change. One example is a group advocating for a reduction in vehicle speeds outside of schools (Rees, 2009). This fits closely with Shaw and Eichbaum's description of interest groups as voluntary organisations 'outside' of government, rather than being part of government (Shaw & Eichbaum, 2011, p. 206).

Weible et al (2012) argue that parties outside of government who are seeking to make changes to policies need to look toward developing deep knowledge of their subject area, build wide networks and relationships and participate for extended periods of time. Weible posits that these activities will 'increase the odds' of achieving a desired policy outcome (Weible et al., 2012, p. 1).

Jivin noted the importance that politicians place on interest groups and community organisations who lobby and advocate, commenting such groups can provide politicians with valuable information about constituents' potential responses to an issue or proposal:

"...what those organisations say does actually matter - in the sense that they are leaders and voices of the community. Politicians want to know that, they absolutely want to know that. They want to know, 'is this policy, or regulatory change going to be supported or not? How many votes am I going to lose?'" **Jivin (Crown Entity)**

This comment suggests (and underlines) that there is a complex reciprocal relationship between political decision makers and child safety interest groups, advocates and lobbyists. It suggests there are situations where

⁶⁰ Some government agencies, such as the Department of Conservation have a special requirement to advocate for their issues included in their legislation, for example see the Conservation Act 1987 (New Zealand Government, 2017).

information is shared, and mutual benefit is gained through contact between these organisations and politicians.

Interview participants mentioned several organisations who contributed significantly to child safety in New Zealand. These were the Royal New Zealand Plunket Society (Plunket) and Safekids New Zealand – Aotearoa (Safekids NZ). A third organisation mentioned during interviews was the now defunct Child Safety Foundation. The impact of these organisations was noted by Jivin:

“Ministers do listen to organisations... the public stances of Safekids, Plunket and AA (Automobile Association) are important and more or less so at different points in time.” Jivin (Crown Entity)

New Zealand child safety organisations, whether they are outside of government or working closely with government, have been well placed to advocate for child injury prevention policies due to their longevity, well established networks and knowledge of the issues.

The Royal New Zealand Plunket Society

The Royal New Zealand Plunket Society (Plunket) was founded in 1908 and has a long history of providing government funded infant and child health care and successful advocacy. Plunket is a non-government organisation (NGO) whose professional child health service (staffed by Plunket Nurses) contracts with government to deliver health services for children under five and their caregivers.

Plunket has a community-based volunteer governance structure. This section of Plunket advocates to government for improvements in child and family healthcare and raises funds for activities not funded by government. Plunket was at the forefront of research participants' comments about child safety in New Zealand.

“...when it was set up the prominent women in Plunket were the wives of Prime Ministers and Governors' General etcetera; and that is how they exerted influence – which was considerable. They were able to ensure

certain things were done which suited them, just through that influence.

This was how it was done in those times.” **Hans (Central Govt.)**

Hans also commented that in addition to patronage from the “higher levels” of New Zealand society of the early 20th century, the structure of Plunket, with its system of volunteer committees and office holders provided opportunities for women to develop new skills and participate in public affairs.

“Plunket was a deliberately set up with big name people heading it because that was how things were done, but it was also of course a grass roots organisation of people who wanted to see things were done to the best for their children. It was sort of an altruistic thing but of course it was also a means by which women who otherwise had not much opportunity to get involved in public affairs were able to do this.” **Hans (Central Govt.)**

The value of establishing and maintaining long term networks for advocacy was identified in Weible’s work on advocacy coalition networks (2011) while Kingdon had earlier also noted the way politicians on Capitol Hill actively sought to establish connections with community networks (Kingdon, 2003).

Plunket’s structure provided a network of individuals focussed on working together to advocate for child health and women participating in Plunket gained experience in the delivery of community services. Chaya described how her first involvement with child safety activities started through a volunteer role carried out for her local area Plunket branch.

“I started as a Plunket Mum volunteer in my local area doing just my role. My role was that I volunteered to update the notice board and information for parents and putting things up about child injury prevention. So when I was connected into my local Safekids Coalition group through that, it was a good link, then it followed on that I would be working in the car seat rental scheme. It was very, very small beginnings and it was ‘learn as you go’, basically.” **Chaya (Local Govt.)**

The types of child safety interventions and programmes delivered by Plunket have changed over the years. Since its beginnings Plunket has played an important and ongoing role advocating for the introduction of safety measures across a range of areas including home safety, the provision of child car restraints and the prevention of drowning. Home safety was an early focus and during the 1940s Plunket advocated home safety equipment such as ‘play pens’ and guards for stairs, electric kettles and fireplaces.⁶¹

During the 1980s Plunket’s focus changed from restricting children’s activity (recommendations to use play pens were quietly stopped) to modelling the provision of child safe environments by establishing suburban houses that demonstrated child safety features. Plunket’s volunteers also successfully advocated for safety changes such as the mandatory installation of tempering valves for hot water cylinders, which contributed significantly to a reduction in the number of hot water burns (Bryder, 2003).

“We have seen work on falls prevention through provision of guards to stairs and steps; work on hot water modulation and I think the partnership with Housing New Zealand has been very fruitful. Plunket have led the way, along with Safekids.” Robert (Central Govt.)

Plunket’s advocacy for child car occupant safety in New Zealand has been substantial and long standing, but in recent years has decreased (Bateson, 2016; Royal New Zealand Plunket Society, 2006, 2009). In the 1950s New Zealand and Sweden were noted to have approximately the same mortality rate for child car occupant injuries, yet by the 1970s it was reported Sweden had more than halved its rate of child mortality due to this cause, while New Zealand’s rate had more than doubled.

In response Plunket launched education programmes to alert people to the danger of children travelling in vehicles without specially fitted child restraints. At the same time the cost and limited availability of children’s car

⁶¹ Play pens are lightly constructed, four-sided wooden rail fences that can be placed within a living area and a child can be placed within it (usually depicted as accompanied by toys) in order to restrict their movement.

seats were quickly identified as major problems preventing families accessing and using child restraints.

In 1981 Plunket launched New Zealand's first car seat rental programme in Dunedin and by 1982 most Plunket branches across New Zealand had also moved to provide rental schemes (Bryder, 2003).

“...car seats had been around for a wee while, but this was a means of popularising that babies and your children should be in car seats and making them available in a cheap rental programme, so that this was the (Plunket) car seat rental scheme.” **Hans (Central Govt.)**

Plunket's child restraint rental programme operated both as a partnership between government and community (which was initially well supported by government agencies) and as a 'business' that generated funds to enable it (ideally) to be commercially self-sustaining (Brown, 2006). The Accident Compensation Corporation (ACC) and New Zealand Transport Agency (NZTA) provided Plunket with funding for child car seats, educational programmes and training for child car seat technicians (McLaren C, 2009).

“NZTA have been good for providing resource at no cost. They have offered (Plunket) things to order, store and distribute internally. So... they might get 16,000 of something that they can take into storage at no cost for the production of the resource, which is good” **Steffi (NGO)**

Plunket also worked closely with the New Zealand Police to inform the public about the need for child restraints, provide enforcement advice and to support their distribution to low income families. Robert commented on the success of the Plunket child car restraint rental programmes.

“Car seats are probably the success story, and really the success lies in those two arms of effective enforcement by police and provision of car seats through Plunket. ... Police, particularly recently, have partnered well with other community agencies in a number of areas, and car seats is a good example of that. Where you have car seat enforcement you usually have Plunket or another provider there at the same time to make those seats available at very low cost to families.” **Robert (Central Govt.)**

Despite this success, by 2012 government funding for child car seat programmes became intermittent and was largely withdrawn. In 2014 ACC child car seat funding was partially re-established, but only for a limited time (Accident Compensation Corporation, 2014b).

In 2015 Plunket ceased the provision of rental child car seats to the public. Plunket's Council announced that due to changes in child car restraint products, and the fact they are now widely available online, in specialist baby shops and retail chains, the provision of rental seats for short term use was no longer a sustainable business practice (Bateson, 2016). Steffi commented:

“There are different players coming into the manufacture and distribution of car seats, different costs and so over the years that has changed the way the Plunket society has been involved in child restraints. I guess change has happened in the way child restraints use is promoted.” Steffi (NGO)

Plunket's involvement in preventing child drowning has also been significant. In 1976 New Zealand had a drowning rate of 9.5 per 100,000 children, while the international average was 4.9. Plunket was invited to join the newly formed Water Safety Council and in the 1980s began to lobby for the compulsory fencing of swimming pools (Bryder 2003).

In 1980 a Local Government Amendment Act permitted local authorities to pass pool fencing by laws. However, by 1984 only 50 of the 232 local authorities had enacted a By-Law. Meanwhile Plunket's activism for swimming pool safety continued. In May 1983 Plunket volunteers interviewed 8,430 parents of one to three-year olds, finding that 36% of these children had immediate access to home pools either on their own property or at the home of a neighbour, and that 63% of these pools had no safety features (Bryder, 2003, p. 228). The development of drowning prevention policy is discussed further in chapter eight.

The Royal New Zealand Plunket Society with its professional workforce of qualified child care nurses coupled with (and supported by) a nationwide network of volunteers has proven an enduring and successful formula for

advancing child health issues, and its advocacy and collaboration with many organisations firmly fits the profile of a child safety ‘backbone’ or ‘broker’ organisation’ (Kania & Kramer, 2011).

Safekids Aotearoa/New Zealand

Safekids Aotearoa/New Zealand (Safekids) is an Auckland District Health Board service funded by the Ministry of Health to deliver child injury prevention services within New Zealand.

New Zealand’s comparatively high incidence of preventable paediatric trauma to children under the age of 14 years had been noted for many years and in 1994 when New Zealand’s first specialist children’s hospital opened thoughts soon turned to identify or develop programmes to address this issue and in the early 1990s a New Zealand paediatric surgeon travelled to Washington DC to observe an organisation established to reduce preventable child injury in the USA. (Teague, 2014).⁶²

Safekids USA was founded in 1988 by Dr Marty Eichelberger (a paediatric trauma surgeon) and was supported by philanthropic contributions from USA corporate sponsors (primarily Johnson and Johnson and FedEx Ltd.). The organisation adhered to the idea that a child injury prevention service needed to have close links to acute hospital care and the ability to draw from evidence-based research, which it should provide for individuals and groups who wished to promote child safety within their local communities. Safekids USA covered the safety of children from birth until the age of fifteen, ran an annual awareness raising campaign and supported local communities to deliver their own child injury prevention programmes.

A small group of senior Starship medical staff saw this model as suitable for New Zealand and successfully sought Ministry of Health funding to start a local Safekids programme. In 1994 a Safekids New Zealand office was opened within Starship Children’s Hospital.

⁶² See Chapter One: A 2001 UNICEF report ranked NZ 22nd of all OECD Countries for the prevention of child injury.

Safekids' early initiatives were to establish a library of child safety references; regularly publish items about child injury prevention activities (within its own quarterly magazine, Safekids News and in other magazines and newspapers) and run an annual child safety promotion campaign (Hanifan & Coggan, 1999; Safekids New Zealand, 1995, 1996, 2000). More recently Safekids has provided submissions to government agencies (Chambers, 2010) and hosted information workshops for the public (Safekids, 2004; Safekids New Zealand, 2002a, 2002b, 2007a). Sione noted Safekids' contribution in providing resources:

“The educational resources Safekids produces as well, the position papers, the fact sheets, the height charts, those sorts of things, where have they gone, and what was the value of them, what have they added. I think one of the comments I can make is that when things are well packaged, it is much easier for people to pick it up. If you want people to pick something up, particularly when it is not their core work and that is the difference.”

Sione (Crown Entity)

The annual child safety campaign was initially referred to as the “Kids Safe Campaign” which ran as a week of high profile media focussed activities to raise awareness of child safety issues called: “Kidsafe Week”. These activities were supported by contributions from several government agencies, which would provide small amounts of funding, staff time to support the campaign and/or create and supply resources with their departmental logos for distribution on the campaign. Each year the campaign focussed on one of the major causes of trauma within New Zealand such as burns, child pedestrian injuries or cycle injuries (Safekids New Zealand, 2000). In 2005 the Kids Safe Campaign changed its name to the Safekids Campaign and become a year-long focus supported by a funding from the Starship Foundation, industries and government agencies (New Zealand Government, 2007).

One interview participant commented on the value of providing resources and being present in the community and for child safety debates:

“...it’s about constantly being there, turning up to the debates, having your information ready, having it well written, recruiting your stakeholder support.” Sione (Crown Entity)

Safekids Aotearoa/New Zealand maintains a team of approximately eight staff based within Starship Children's Hospital. Sione commented on its reliance on others within communities to present child injury issues. This creates a difficult situation, where Safekids must decline invitations to present at events for local communities but is also reliant on such communities to promote child safety issues.

“Safekids doesn’t have the capacity to deliver. When someone in a kindergarten rings up and says can someone please come out and do a presentation to our Mums, ... Safekids is in the unfortunate situation of saying, look we just cannot make it. Another thing is that I don’t know if it would be good for Safekids to be involved in the local community like that, they are a national service. So, I think it is better for local people to deliver to their local community.” Sione (Crown Entity)

Nearly thirty years after it was established Safekids continues to be Ministry of Health funded service of the Auckland District Health Board and publishes a quarterly Safekids News magazine, produces ‘fact sheets’ and ‘position papers’ on child injury issues, delivers child safety workshops around New Zealand. The practice of routinely hosting high profile child injury awareness raising events no longer occurs, but Safekids still maintains a presence in media and engages high profile individuals to promote safety messages (New Zealand Government, 2007; Safekids New Zealand, 2006, 2007a, 2011, 2013).

In 2015 Safekids carried out a comprehensive review of New Zealand’s child unintentional injury data and concluded that unintentional child injury rates had reduced significantly and were continuing to remain lower than previous decades. This report was published in the New Zealand Herald (Johnston, 2016a; Safekids Aotearoa, 2015b).

Child Safety Foundation

The Child Safety Foundation was mentioned during interviews as an organisation that promoted child injury prevention in New Zealand. The Foundation was a charitable trust established during the mid-1990s to raise funds and provide child injury prevention resources for both sale and complimentary distribution to schools, libraries and community organisations. Its establishment was attributed to the commitment of one person, who set up the organisation and ran it as Chief Executive Officer, with the assistance of a Trust Board.

“She (the CEO) was an interesting character, strong individual, passionate about child safety. There were tensions between her and Safekids, which was with (the manager at that time). So once again the personal relationships become important.” Jivin (Crown Entity)

The Child Safety Foundation created and sold child safety information for communities and worked with ACC to deliver a child car seat technician training programme called ‘Safe2Go’ (Brown, 2006; Royal New Zealand Plunket Society, 2006). The Child safety Foundation also established a group called the Driveway Run-over Prevention Group (DROPP) which created and sold driveway run over prevention resources. In 2010 the Foundation closed, citing the non-renewal of a contract it had held with an unnamed government agency as the reason (Langson, 2010; NZPA, 2010).

Other organisations that promote child safety

The Paediatric Society of New Zealand was established in 1946 to provide a collegial network for New Zealand’s Paediatricians (latterly widened to include other child health professionals) and as a vehicle for establishing policy preferences and making submissions to government. The Society’s Child and Youth Epidemiology Service has contributed data and evidence based reports to inform decision makers (Craig et al., 2007). Other organisations have advocated for child safety improvements, including Rural Women (notably school bus safety) and Water Safe Auckland (now Drowning Prevention Auckland); Water Safety New Zealand and the Safe

Communities Foundation (including child safety as part of the Safe City accreditation process).

Conclusion

Advocacy and lobbying are poorly defined, yet participants considered them important for advancing child safety policy. Although interview participants sometimes used the terms interchangeably, advocacy (rather than lobbying) was most often used to describe activities and actions by individuals and organisations. Lobbying was 'done' now and then, when necessary. The focus of lobbying is narrow, primarily on political decision making. In contrast advocacy includes a wide range of actions, including those mandated by government (required in legislation); carrying out research into injury prevention (such as Plunket's research into pool fencing) and 'speaking up' (through submissions, petitions and in the media) about injury issues.

The presence of individuals and organisations speaking up and publicly discussing child injury prevention creates public discourse which, interview participants acknowledged, influences political decision makers. However, this strategy has risks. An attempt to establish a new hegemony of child safety by engaging in advocacy through public discourse can be counter-productive. Literature suggests barriers to the adoption of child safety policy exist, for example the lack of political awareness, or commitment to the issue. The development of collaborating relationships and partnerships between agencies, groups and individuals is likely to provide better outcomes.

Advocacy and lobbying involve the dissemination of public and private discourse that can shape social attitudes to safety and influence decision makers, sometimes positively, sometimes negatively. When the dominant discourse supports safety, this can create a 'safety culture' where there is widespread understanding and acceptance of child safety. Conversely, advocacy and lobbying can successfully promote discourse that generates challenges to, and dissatisfaction with, long standing safety measures and

contribute to their rejection and retrenchment, as the next chapter demonstrates.

CHAPTER 8: CASE STUDY: THE RISE AND FALL OF SWIMMING POOL FENCING

This chapter describes and explores the New Zealand Government's legislative measures requiring the fencing of home swimming and spa pools. Events around the Fencing of Swimming Pool Act's repeal and replacement with the widely criticised Building (Pools) Amendment Act (2016a) are described (Chambers, 2015; Davidson, 2016; Hon Te Ururoa Flavell & Marama Fox MP, 2016).

The Fencing of Swimming Pools Act 1987 (New Zealand Government) is acknowledged as having been an extremely successful child injury prevention measure which, over its forty-year life, resulted in a significant and sustained reduction in the numbers of children drowning in home swimming and spa pools (Paediatric Society of New Zealand, 2013; Royal New Zealand Plunket Society (Inc.), 2015; Wynn, 2015). Despite its intent (to prevent the drowning of small children), when the legislation was introduced it was considered highly controversial and was passed by Parliament as a conscience vote with only a small majority. Although the legislation was successful, opposition to its provisions remained. In 2016, the National-led government repealed the Fencing of Swimming Pools Act (1987) and replaced it with the Building (Pools) Amendment Act (2016).

This chapter tracks the process of policy change and in doing so identifies how themes from the interview data are manifest in a real-world example. It is argued here that oppositional discourse to mandatory swimming and spa pool fencing coupled with the insistence supervision should be referred to as the main drowning prevention method, had been ongoing, crossed government and community boundaries, recruited political (insider) support and was eventually effective in achieving legislation which reduced pool fencing compliance requirements. An extensive chronological table of policy events is provided in appendix 5.

The problem of small children drowning

During the second half of the 1970s and throughout the 1980s the occurrence of young children drowning in home swimming and spa pools in New Zealand went from being a relatively rare event, to becoming alarmingly common (Atkins & Laugesen, 1982; Local Bills Committee, 1983).

The 1982 Report of the Committee on Child Health noted that in the five-year period from 1973 to 1978 the percentage of children dying from drowning in home swimming and spa pools, as a proportion of all child deaths, had more than doubled. This trend continued. In 1983 the Local Bills Select Committee reported that from 1973 to 1982 the numbers of children drowning each year in home swimming pools rose from an average of 5 deaths a year to thirteen (1983) and at the end of 1981 the New Zealand Water Safety Council reported 17 children had drowned in home swimming and spa pools during that year alone (Atkins & Laugesen, 1982). By 1982 New Zealand's home swimming pool drowning rate for preschool children was 9.5 per 100,000, nearly twice the reported international rate of 4.9 per 100,000 for similar countries (The Board of Health Committee on Child Health, 1982, p. 146).⁶³

This was a problem associated with increasing affluence. In July of 1987 Mr John Terris MP (Western Hutt - Labour) commented in the House of Parliament on the steady increase in these types of drownings during the 1970s and 1980s. The problem was emerging, it was suggested because increasing affluence meant more people could afford to build swimming pools in their back gardens (New Zealand House of Parliament, 1987).

There is an important distinction between drowning that happens in home swimming and spa pools, and drowning that happens in public spaces, such

⁶³ Until 2002 the term 'drowning' was only used to refer to a fatal event due to someone being immersed in (usually) water. Non-fatal events were 'near drownings'. In 2002 the World Health Organisation adopted a definition of drowning that states "Drowning is the process of experiencing respiratory impairment from submersion/immersion in liquid". This definition includes fatal and non-fatal drowning. See (van Beeck, Branche, Szpilman, Modell, & Bierens, 2005, p. 853)

as at the beach, in public fountains or in rivers and lakes. First is the difference in location. Pre-school child drownings in home swimming or spa pools happen when a child falls into a man-made water-filled hole which is in and around a home, a place most adults would assume can be safely accessed by unsupervised children. These 'holes' are usually built for swimming and include home swimming pools, spa pools, and temporary paddling pools. Garden ponds that unsupervised preschool children can access also present a danger, as do unattended buckets of water left at ground level (Hassall, 1989).

Drownings in public places, such as at beaches and in rivers and streams are quite different and well described. These locations are away from homes, in public spaces. For many reasons (not just for preventing drowning) adults normally accompany preschool children while they are in public places and drowning events in these circumstances are usually the result of a breakdown of such arrangements (Langley, Warner, Smith, & Wright, 2001).

It is commonly asserted that pre-school children can be effectively admonished to stay away from water. It is also claimed that children drown in home pools because of inadequate supervision. This stance infers these events are caused by negligent parenting, creates an unpleasant innuendo of blame and suggests that increasing (or providing 'better') parent education will be effective in preventing future death. In contrast, parenting advice stresses small children cannot be watched continuously while they are in a home environment and that such expectations are unrealistic (Hassall, 1989).

Extensive education and public awareness programmes have been delivered by agencies such as Plunket and the Water Safety Council, with little or no impact on the numbers of children drowning in home pools and spas (Gardiner, Smeeton, Koelmeyer, & Cairns, 1985). Another narrative is that small children (under the age of five), can be 'drown proofed' by being 'taught' to swim. This misconception is developmentally inappropriate and

even dangerous. Attempts at 'drown proofing' toddlers and babies have now mostly been abandoned (Meyer, Theodorou, & Berg, 2006).

Alternatively, when drowning is not attributed to inadequate parenting, claims are made that these events are 'inevitable' and 'unavoidable' (Local Bills Committee, 1983; New Zealand House of Parliament, 1987). Extensive investigation into the narratives of individuals who were present at this type of drowning event strongly indicates the reality is otherwise. In a 1977 study of sixty-six home swimming pool drownings in Queensland, researchers Pearn and Nixon addressed the idea of the 'inevitability' of this type of drowning by stating:

"It is commonly said, with some vehemence, that children will still drown even though adequate fences are built. We can find no supporting evidence whatsoever for this view. We have yet to discover a fatal swimming pool accident in which an effective fence (with a self-closing and locking gate) has been present" (Pearn & Nixon, 1977, pp. 432-437).

Pool owners without children living in the home sometimes claim pool fencing is unnecessary for their circumstances. Pearn and Nixon also found that 50% of the children who drowned, or nearly drowned (non-fatal drowning), did so in pools that were not in their own back gardens. This supports advice for all pools to be fenced, not just those in the homes of small children.

In 1985 an examination of the circumstances of sixty drownings of Auckland children (younger than seven) found:

"The unfenced or inadequately fenced domestic swimming pool was the most common hazard (for drowning). The household bath and partially filled buckets represent further though less frequent dangers. The study reaffirms the need for legislation making the fencing of domestic swimming pools mandatory. Elsewhere, children

playing in or near water need constant supervision” (Gardiner et al., 1985, p. 579).

In 1989 the circumstances of thirty-six consecutive cases of under-five-year-old domestic swimming pool drownings in New Zealand were reviewed and the findings were published by the Medical Director of the New Zealand Plunket Society, Dr Ian Hassall, who noted:

“Ten of the drownings occurred on properties where pre-schoolers were not ordinarily present” ...and... “The availability of a pool cover did not prevent five of the drownings, which reinforces the point that safety measures that do not operate automatically will at times fail. Covers can contribute to the risk of drowning by preventing the missing child from being seen by searchers...” (Hassall, 1989, p. 146).

By the late 1980s it was recognised by many that something more than public education was needed to stop the drownings, which on average were happening monthly and steadily increasing in number. Legislation, child safety advocates and health professionals said, was required (Gardiner et al., 1985; Hassall, 1989; New Zealand House of Parliament, 1986).

Hard won: The Fencing of Swimming Pools Act 1987

The first public policy attempt to reduce the numbers of pre-schoolers drowning in home swimming pools was a petition delivered to Parliament in 1975 by petitioners identified as “J Callagher and 800 others” requesting legislation for mandatory swimming pool fencing (1975). In 1979 parliament passed the “Local Government Amendment Act” (s 684(34)) that enabled Local Councils to create a By-Law that would require compulsory swimming pool fences within their jurisdictions (New Zealand Government, 1979). In 1980 the Standards Association of New Zealand published a ‘Model Swimming Pool Fencing By-Law’ that Councils could adopt and implement within their jurisdictions (Standards Association of New Zealand, 1980).

By 1980 Plunket had joined the newly formed Water Safety Council in their call for compulsory home swimming pool fencing and together these groups actively promoted research projects and produced and published educational material.⁶⁴

However, opposition to the introduction of mandatory fencing for home swimming pools was strident from some quarters, even in the face of continued and increasing numbers of child drownings. Such objections prompted the then Medical Director of Plunket, Dr David Geddis to comment:

“The issue is a simple one of little toddlers, mostly under the age of three, falling into man-made holes in the ground and drowning. Yet some have seen in the proposed campaign to prevent such tragedies a threat to the basic fabric of our free society” (Bryder, 2003, p. 228)

In 1979 an Australian ergonomic study explored the effectiveness of various types of fences for preventing children accessing pools. Five hundred and fifteen children aged between one and seven years of age were tested for their climbing ability over a variety of fences. The researchers found that:

“eighty percent of 2-year olds, the modal age for child drowning, cannot climb a 60cm fence” suggesting that fencing is effective for preventing children in this age group accessing a swimming pool area” (Nixon, Pearn, & Petrie, 1979, p. 260)

In 1979 legislation was passed that permitted Councils to pass a Standards Association Model Pool Fencing By-Law, should they wish. It quickly became apparent that New Zealand local councils were reluctant to require mandatory pool fencing through a By-Law and legislation was required (Local Bills Committee, 1983; Standards Association of New Zealand, 1980).

⁶⁴ These included educational publications and drowning reports by the Royal New Zealand Plunket Society, the New Zealand Water Safety Council, Parent Centres and the (then) Health Department.

In 1982 the first Private Members Bill requiring the mandatory fencing of home swimming pools was tabled in the House by Mr John Terris, Labour Member of Parliament (MP) for Western Hutt. This Bill was referred to a Select Committee for a report and was permitted to lapse. Despite the Bill lapsing due to standing orders, a report was tabled in 1983. The Local Bills Committee Chairman, (Mr Geoff Thompson, Horowhenua MP National Party) reported that only 35 Councils (of 135) had voluntarily required mandatory swimming pool fencing and stated that:

“Reliance on education alone would achieve very little in reducing the number of pre-school drownings in private swimming pools” and...

“Pre-school drownings in private swimming pools are preventable and pool fencing is the most effective means of achieving this” (Local Bills Committee, 1983).

In 1984 the National Government of Sir Robert Muldoon was defeated, and the fourth Labour Government commenced its first term. A second version of the Fencing of Swimming Pools (FOSP) Bill, also sponsored by Mr Terris MP, had its first reading on 4th June 1986. It was referred to the Internal Affairs and Local Government Select Committee who reported back to the House on the 11th of March 1987. On the 15th of July 1987 the Bill was tabled for third and final reading. At this reading there was an attempt by National Party Opposition Members to refer the Bill to another committee for further debate and postponement. The motion was defeated, and the Fencing of Swimming Pools Bill passed into legislation with a majority of thirty-one Members of Parliament (Labour) in support, to twenty MPs (National) in opposition. The FOSP Act officially commenced on 20th July 1987 (New Zealand House of Parliament, 1987). It required all home swimming pools to be fenced and local Councils were given the responsibility of ensuring this occurred (New Zealand Government, 1987).

A key feature of the FOSP Act was its simplicity. From 1988 swimming pools and ponds deeper than 400mm were required to have a fence of no less than 1.2 metres in height. It was primarily the pool owner's responsibility to

ensure their pool was fenced. Anyone building a home swimming pool or installing a pool that fell within the Act's description was required to inform their Territorial Authority, who was also required to "take all reasonable steps to ensure the Act is complied with within its district" (Section 10). Territorial Authorities were also empowered by the Act to enter properties to inspect pools (Section 11 New Zealand Government, 1987). The Schedule to the FOSP Act informed Territorial Authorities of the construction detail required for pools to comply with the Act. This included information as to what was acceptable to use as a pool fence, what sort of gates were to be used and that any doors entering a pool from a house should be self-closing and automatically latch securely (Schedule to the Act Clause 9.1). Delegating responsibility to Territorial Authorities for enforcement (as a regulator) was a suitable strategy because home swimming pools are often integral parts of home building projects and these agencies have the major responsibility for enforcing building regulations.

A wide variety of commentators acknowledge the FOSP Act contributed to a significant reduction in child drowning, including government agencies and researchers. Each year after the FOSP Act was passed the numbers of children drowning in swimming pools steadily reduced. By 2008 the average number of small children drowning in home pools had reduced from ten to three per year, in the context of a huge increase in the number of pools. Drowning events that did happen were almost exclusively in pools that were noncompliant with the FOSP Act at the time (Auckland Regional Public Health Service, 2015; Child and Youth Mortality Review Committee, 2009; Gulliver, Chalmers, & Cousins, 2009).

After many years of advocacy, the battle to achieve this reduction in fatalities through the introduction of pool fences with lockable gates seemed to be won.

Collaboration on pool fencing

The FOSP Act 1987 provided impetus for collaborative activities and advantage was seen in local councils working together on swimming pool safety. Collaboration, defined as working together to create a shared

dialogue and achieve agreed goals, was a major emergent theme from participant interviews within this research and are discussed more fully in chapter five. Collaboration, it is noted, creates the opportunity for an organisation to have greater impact, reach more people and be more likely to be successful (Coggan & Gabites, 2007; Kania John & Kramer Mark, 2011).

Collaborative projects included sharing information leaflets (referred to as the “Your Pool - Your Responsibility” project); the 2009 publication of the Pool Fencing Safety Standard: NZS8500; holding collaborative meetings; and the establishment of a training programme for pool inspectors (Department of Internal Affairs (DIA), 1999; Standards New Zealand, 2006).

During 1999 an initiative known as the Auckland Regional Pool Safety Group was started. This group provided a forum for pool inspectors from each of the seven local Councils in the Auckland Region (who had a regulatory role in pool fencing enforcement) to meet and discuss enforcement issues. The group also included representatives from the pool building industry and the child safety sector.

Not all Councils participated initially, but eventually the Regional Pool Safety Group became accepted as a useful forum for pool fencing enforcement discussions. A consistent, ‘core group’ of Councils attended and a senior Water Safe Auckland staff member chaired the meetings. These collaborative activities created agreement and shared understandings between group members.⁶⁵

Imia worked as a senior Council employee during the early 2000’s. During her interview she commented on this project;

“Water Safe Auckland and I, through my contact with the Watersafe Auckland CEO, instigated bringing together the seven territorial authorities in a regional pool safety forum. Initially there were only five (of us). Two Territorial Authorities were reluctant to share their

⁶⁵ During the years 2007 and 2008 I was an invited attendee to meetings of this group, in the role of child safety policy advisor at Safekids NZ.

experiences or look for a co-ordinated approach to pool fencing across the region. Thankfully they joined a couple of years later. There was a lot of pressure coming on from Water Safe Auckland which is a great organisation to have on board, because they were working in a regional way and could deal with each of the authorities individually, as well as collectively. Through that process of having all the TAs (Councils) on board there were a lot of gains.” **Imia (Local Govt.)**

Teuila was part of a non-government organisation and attended these Pool Safety Group meetings. She commented on the value of the parties coming together around the table at regular times:

“I (as a Water Safe Auckland representative) chaired the monthly meetings where we generally had about twenty, sometimes more there, including pool compliance staff. So that communication was really working well, and everyone wanted the same things. We all talked about the key issues, how some home owners were having trouble getting compliance; the key issues for compliance (pool inspection) staff; and the key issues that were causing any of the drownings” **Teuila (NGO)**

The benefits of having Auckland’s disparate and sometimes warring Councils working together had long been noted elsewhere. In November 2010 a major restructure of the region’s local government infrastructure amalgamated Auckland’s Councils (Lewis & Murphy, 2015). This heralded a quiet end for the Regional Pool Safety Group. With amalgamation, they could now operate as one team under a single management structure. This reportedly had a positive impact, with Teuila noting:

“Yes, Council have got to the stage where, in the past it was almost like you were dragging them up, now it has got to the stage where they are there, and leading. It is a different way now. ... (Water Safe Auckland) relationship with Council is really, really worthwhile.” **Teuila (NGO)**

The “Your Pool Your Responsibility” programme provides another example of collaboration to promote safe pool fencing. Hamilton City Council first delivered a programme of information leaflets and posters under the tag line

'Your Pool - Your Responsibility' in the of summer 2002. It was well received and caught the attention of Water Safe Auckland and the Regional Pool Safety Group, who moved to adopt it. Photos, diagrams and text were added, and the programme extended to other areas of New Zealand. Two research participants commented on this programme during their interviews.

"Hamilton had a "Your Pool - Your Responsibility" project, so ...(we) contacted them and said, "Can we steal your idea and use your resources?" ...and they said 'yes, of course and off you go'"

Teuila (NGO)

Imia described the programme as becoming popular very quickly.

"...the information was provided in a pamphlet form, with checklists such as the height projections, the climbable fences, gate maintenance and what have you. It was something we readily provided to the home owner and is still being delivered throughout the Auckland area. On the back of that about seven other territorial authorities have picked up the 'your pool your responsibility' package and have tailored it for their own areas. These include four Councils on the West Coast of the South Island, Thames/ Coromandel DC, Hamilton, Far North DC, Whangarei DC, Buller DC, Manawatu DC, Nelson DC and quite a few others. There are twelve or thirteen in total. So quite a few utilise the concept, this includes the brochures and the messages that go out." **Imia (Local Govt.)**

Two years later, in 2014, the programme was continuing to be adopted around the country, with Teuila commenting:

"We had the seven Councils in Auckland and now about another 17 councils around the country have bought into the concept by taking the resources and removing everyone else's logos but leaving "Supported by Auckland Council" or having their own logo put on the resource they distribute." **Teuila (NGO)**

The programme was described as a major success, in part because it provided easy to read information for retailers and home owners. It also enabled Councils to reproduce the leaflets with their own contact details and logos and was considered successful because it provided an opportunity for local government agencies to work together. Such collaboration is identified as a recurring feature of successful and effective child safety projects (Kania & Kramer, 2011; MacKay et al., 2006).

Seeds of discontent and dispute

Local Authorities responded to being given responsibility for pool inspection in a wide variety of ways. After the FOSP Act was passed some councils took to the task readily, operating routine pool inspections with a well-informed, established pool inspection team and running rigorous systems to revisit properties where pools did not comply. Others took to the task lightly, infrequently checking pools in their area and using strategies such as aerial photography to check pools were fenced. Some ran careful cost recovery programmes for pool fencing applications, while others subsidised the programme through general rates, enabling them to operate a simpler system with fewer records. Robert noted this variability when commenting about his involvement with pool fencing safety:

“Hastings has a strong history of enforcement. I have been actively involved in that, even to the extent of being asked by local government enforcement officers to go to a house to provide an expert opinion about whether a particular safety feature was scalable by a small child and why; and even having to provide evidence in court to that effect. Obviously in other councils, you have the Napier City Council right next door, with effectively no, or almost no enforcement of pool fencing legislation.”

Robert (Central Govt.)

Evidence of the variability of local council pool inspection regimes was published by researchers in 1999 and again in 2009. The first report, funded by the Water Safety Council showed that in 1997 only 28% of councils were undertaking regular checks of swimming pool fences and of those pools checked only 44% were compliant at the time of checking (Morrison et al.,

1999). By 2009 a second report showed this number had increased. In 2007 (at the time of the survey) 63% of Territorial Authorities were checking swimming pools. The increase was noted as positive by the authors, but the result still indicated a substantial number of pools remained unchecked by any regulatory agency. The authors expressed concern that those unchecked pools were very possibly non-compliant (Gulliver et al., 2009).

Despite the steadily dropping drowning rate for pre-schoolers and the increase in regulatory activity by local government agencies, dissatisfaction about pool fencing enforcement rumbled on in both local government and parts of the community.

Regulations affecting the form and structure of built environments influence property values. Pool fencing is an area of council regulatory responsibility that is susceptible to this type of dispute, fuelled by conflicts between pool owners and local council enforcement staff about the safety of the home owner's pool fencing provisions. Debates frequently ignite when council compliance officers require property owners to make changes to their homes, or gardens. Disagreements result in litigation. One council in West Auckland was accused of excessive enforcement and a small group of individuals led by a disgruntled pool owner created the 'New Zealand Pool Owners Action Group' website, posting media releases that challenged the methods used by local Council staff to enforce swimming pool fencing regulation. The website described pool fencing requirements as 'punitive measures against pool owners'.⁶⁶ The group raised funds and sought a High Court judgment over definitions in the FOSP Act and Building Code. In a Reserved Decision Justice Randerson found lack of clarity about the definition of the 'immediate pool area' was an issue and recommended the matter (and legislation) be brought back to Parliament (*Waitakere City Council v Hickman*, 2004).

Dissatisfaction was also expressed by Councils unhappy at the need for their involvement in what they saw as additional regulatory activity. At the

⁶⁶ The Pool Owners Action Group website is no longer in existence. The site, www.poag.org.nz/ was last accessed 20 /12/2016.

2004 Annual General Meeting of the representative body for Local Government, (Local Government New Zealand) a remit was passed that the organisation should approach the Minister of Local Government (and ACC) to request issues related to swimming pool fencing be addressed. The issues included problems with definitions in the Act; who was liable under the Act; the legality of having doors that provide direct access between the house and the pool; and the responsibility of councils to enforce the fencing of garden ponds and portable pools (pers. com 2004).⁶⁷

Although prescriptive, the FOSP Act included a disputes process should home owners believe their circumstances adequately provided safety for children without complying with the letter of the Act's requirements. This process was called an 'Exemption' and permitted home owners to appeal to their local politicians to be the final arbiter on whether the compliance requirements being imposed by council staff were acceptable (FOSP Act section six). Pool owner's applications to their local council for exemptions are numerous but difficult to locate, with each territorial authority having a different method of processing exemptions and different processes for recording the outcomes. Auckland Council, for example delegated the processing of Exemption applications to specially convened subcommittees within Local Board Areas. In one month alone (June 2014) the Ōrākei Local Board Pool Fencing Committee considered nine applications for exemptions, approved six and declined three (Ōrākei Local Board, 2014).⁶⁸

On 20th October 2006 oversight for the Fencing of Swimming Pools Act moved to the Department of Building and Housing from the Department of Internal Affairs and provisions for pool fencing compliance became included within the Building Code (Department of Building and Housing, 2008).

⁶⁷ One of the research participants provided the researcher with a PDF copy of a letter written in 2004 apparently by the Local Government New Zealand President at the time, Basil Morrison. The letter stated these issues and was addressed to the Ministers of ACC and Local Government. Local Government New Zealand (LGNZ) was contacted as part of this research and asked if they would corroborate the authenticity of the letter but they declined to comment or provide AGM minutes for that year.

⁶⁸ At the 2013 census the population of the Ōrākei Local Board was 79,539 people, which was 5.6% of the total population of Auckland at that time (Auckland Council, 2018b).

The Department of Building and Housing is authorised to issue 'Determinations' about pool fences. This is a formal, quasi-judicial process and parties usually employ a lawyer, or barrister to present the case on their behalf. Determinations are used less frequently than the Exemption process and are primarily a method of resolving conflict between parties (for example a home owner and a council) over interpretations of the Building Code. Determinations apply only to the situation under consideration and do not set precedent (Ministry of Business Innovation and Employment, 2014b).

In 2012 the Department of Building and Housing (DBH) became part of the Ministry of Business, Innovation and Employment (MBIE) and provided records of Determinations as a searchable online national data-base (Ministry of Business Innovation and Employment, 2018a).⁶⁹

In January 2017 the Determinations database was searched by this researcher using key words related to pool fencing. These were: 'hot tub', 'spa pool' and 'swimming pool'. The total number of Determinations each year ranged from one, to the maximum of seven in 2010. The words 'hot tub' on their own, showed no results.

The words 'spa pool' provided records of two applications which were declined. One in 2002 was to use a lockable cover to secure the spa pool, instead of a fence and was declined. The other one requested permission to use sliding doors to secure the spa pool and was declined.

The next key search term entered was 'swimming pool'. This search found 41 requests for determinations. Of these determinations eight were outside the scope of this topic (these included questions about disability access to public pools). The remaining 33 cases were applications for a determination before the law changed in 2016. Of the pool fencing applications;

⁶⁹ The Ministry of Business, Innovation and Employment (MBIE) was created in 2012 by the merger of the Department of Building and Housing (DBH), the Department of Labour (DoL), the Ministry of Economic Development (MED) and the Ministry of Science and Innovation (MSI).

- three requested the use of an infinity edge as a pool barrier and were declined;⁷⁰
- four requested the use of automatic sliding doors between the house and the pool and were declined; and
- one requested the use of a pool cover instead of a fence and was declined.

The remaining 25 applications dealt with other details of property layout; 19 were declined and 6 were approved, including one that used a landscape design rather than a fence (see appendix 4).

Each declined Determination (and Exemption) represented a proposal for the arrangement of someone's property that was considered unacceptable by the council and MBIE, and each represents a constituent potentially disaffected with how the provisions of the Fencing of Swimming Pools Act (1987) impacted on their property.

This reflects the opinion that some people consider that pool fencing involves the unreasonable intrusion of government into private space. During his interview Jivin raised the importance of such discourse:

“It comes back to, in one sense this particular issue of government action into the private realm. We have ‘Nanny State’ stuff around now (that says): ‘I don’t want the government telling me what to do in my private space so what is the government doing telling me about fencing my playground and my pool at 400 mm depth or 300mm depth, and what is the government doing telling me how to bring my children up.’” **Jivin (Crown Entity)**

In 2016 media commentary around the proposed revision of the legislation included objections to the existing legislation which replicated those promulgated originally in the 1980s, these included the inevitability of children drowning in swimming pools, the claim that better supervision will

⁷⁰ An ‘infinity pool edge’ is where the pool edge is a thin wall which provides a vertical drop to a much lower surface. Pool water flows over the edge, creating a waterfall into a lower trough and providing the edge of the pool with a visual illusion of the water disappearing.

prevent children drowning in pools and that any requirement for swimming pool fencing imposes an ‘unreasonable burden’ on home owners.

Despite research to the contrary, one pool industry company website posted that it is ‘failure of supervision’, rather than the absence of a barrier that is the reason children drown in swimming pools. Paraphrasing the ‘Your pool - Your responsibility’ tag line, the website states “Your child - Your responsibility’, echoing an orientation toward personal responsibility and the perspective of children as private property. The website owner posts:

“(Company)... initiatives since 2008 have had the objective to get the lack of parental supervision recognised as the prime contributor to child drownings and the first line of prevention” (Swish Automation Ltd., 2018).

Alongside the claim that supervision prevented drowning, not fences, industry figures also accused the Fencing of Swimming Pools Act of stifling commercial opportunity because of the additional cost of fences (Stock, 2015). Others complained the Act did not permit certain products to be used. Emails released under the Official Information Act (1982) show that between the years 2010 and 2012 one business owner repeatedly emailed the Minister of Building and Construction (often copying emails to other public figures involved in pool fencing compliance). These emails requested the Minister remove local government from its pool fencing regulatory role and requested fencing rules to be redrafted to increase the range of products that could be used for barriers, so that products sold by the company (automatic sliding doors) could become an accepted way of fencing a home swimming pool.⁷¹ These emails also asked the Minister to direct officials to accept the business owner’s standing as a technical adviser in the development of any new legislation or regulation (2010-2012).

⁷¹ The Department of Building and Construction had issued four Determinations which declined permission for sliding doors to be used as part of a pool fence barrier. (Ministry of Business Innovation and Employment, 2018b). These decisions were based on MBIE’s interpretation of the law, which did not permit the use of sliding doors of the type manufactured and sold by the business owner.

Continued correspondence achieved one sought-after response. On 10th February 2010 the Minister for Building and Construction wrote to the company owner saying:

“I am also considering asking the Department of Building and Housing to hold meetings with representatives from the pool industry, local councils and water safety organisations to help inform legislative changes. I will send your letter to officials in the department and ask that they include you in any such meeting” (Williamson, 2011).

The existing Act was also questioned by others for not being safe enough. In 2002 an investigating Coroner called for more clarity in the clauses that required the fencing of spa pools (NZPA, 2002; Waitakere City Council v Hickman, 2004). Imia, who had worked in pool fencing compliance programmes commented on coronial recommendations:

“... if you take the Fencing of Swimming Pools Act, for argument's sake, I can remember about nine or ten coroner's recommendations calling for the Fencing of Swimming Pools Act to be revamped, calling for it to be changed. There have been some consultation documents released recently but we are now twenty years down the track and maybe ten years later some coroners had called for an upgrade of that legislation.”

Imia (Local Govt.)

The purpose of the Fencing of Swimming Pools Act, which was to prevent small children from drowning, was mired within ongoing arguments about individual rights, parental responsibility, definitions, permission to use products and litigious activity over fencing designs and architectural plans. Those same arguments had been evident in the 1980s and were defeated but had persisted. Now, under the leadership of a Minister seemingly responding to business lobbying, change was imminent.

Spa Pools and hot tubs – a flash point

Spa pool fencing was contentious. One recurring argument had been about whether smaller pools such as spa pools and hot tubs needed the same

fencing provisions required for swimming pools. Spa pools and hot tubs are manufactured products of varying types which can be installed in a variety of ways, with some installed at ground level, while others have raised sides, with or without step ladders. Often referred to as 'small heated pools' they are usually less expensive to install than swimming pools, and more numerous. This differs from home swimming pools, which are usually 'in ground' structures incorporated into a house building or renovation project.

Spa pools and hot tubs are sold with lockable (or latch-able) covers, that while important for conserving the heat of the water, are also considered by some as safety devices, an opinion not universally shared. This caution is based on drowning narratives which indicate spa pool covers are ineffective as a method of preventing drowning (Hassall, 1989). The inadequacy of spa pool covers as a safety mechanism was tragically demonstrated in 2002 when a Coroner found that an 18-month-old child drowned after the child's father (during his search for her) replaced the cover of the spa pool he had recently been using, inadvertently trapping her beneath. The Coroner concluded that the absence of a fence or closed door contributed to the child drowning (NZPA, 2002).

The efficacy of using covers, including swimming pool, spa pool and hot tub covers as the only safety mechanism (barrier) for preventing drowning was examined in 2006 by the Swimming Pool Fencing Standards Committee. This Committee (which included industry representatives) considered the wide variety of products available and ruled out accepting covers as 'stand-alone' safety devices because they did not consider them to be safe (Standards New Zealand, 2006).

Disagreement about Council's role as a safety inspector for small heated pools has persisted. In 2009 an Auckland City Council Committee attempted to circumvent the FOSP Act by passing a resolution to establish a 'blanket exemption' so spa pools and hot tubs within the Auckland Council area would not need to be fenced or inspected. This attempt to circumvent the FOSP Act was later revised by Council into an application to government for a law change (Auckland City Council, 2009).

Differences of opinion about spa pool safety were evident between Councils and their representative body, Local Government New Zealand (LGNZ).⁷² Auckland Council's 2015 submission to parliament stressed routine spa pool and hot tub inspections should still be carried out to ensure safety measures were being maintained (Auckland Council, 2015). At the same time their representative organisation submitted to both the Building Pools Amendment Bill and Government Regulations Review that spa pools and hot tubs should be fully exempt from local government inspections, tersely noting "this amendment has been discussed since 2006 and again in 2013 and still has not been implemented" (Local Government New Zealand, 2015, p. 21).

Dismantling safety

In October 2016 the National-led government repealed the FOSP Act and replaced it with clauses within the Building Act (2004). This section looks at government discussion documents, regulatory impact statements, cabinet papers, parliamentary debates, submissions, and media articles about the Building (Pools) Amendment Act 2016.

The first major review of the FOSP Act occurred in March of 2008, with the distribution of a discussion paper signed by the Acting Deputy Chief Executive, Sector Policy of Building and Housing, rather than the Labour Minister of the time, the Hon Shane Jones. This was not unusual. Rick commented on the way policies sometimes become part of a government agenda is through their advancement by officials:

"Officials will pop up, often-times with policies, year in and year out, election after election until someone says yes. So, they have if you like, their agenda that they are putting in front of their Minister."

Rick (Central Govt. Politician) ⁷³

⁷² LGNZ describes itself as the national organisation of local authorities in New Zealand. They represent the national interests of councils and lead best practice in the local government sector. LGNZ provides advocacy and policy services, business support, advice and training to our members. All 78 councils are members.

⁷³ This comment was also mentioned in Chapter Seven, Advocacy and Lobbying.

This 2008 discussion document stated the purpose of the review was to assess risks posed under the current Act, improve uniformity of Territorial Authority interpretation, provide more certainty for pool owners and increase public awareness of pool owner responsibilities (Department of Building and Housing, 2008, p. 4).

In November of 2008 a general election occurred, and a National Party minority coalition government became the 49th New Zealand Parliament. The Hon Maurice Williamson was appointed as Building and Construction Minister and held the portfolio for six years from 2008 until 2014.

In March of 2013 the Minister released a second discussion document on pool fencing called “Making pool fencing easier”. This document took a different approach to the preceding 2008 document. It discussed the need to ‘balance’ child safety with ‘reducing cost’ and providing ‘efficiencies’. In the foreword the Minister stated the ‘inevitability’ of pre-schoolers drowning in pools, stating; “Remember, there will always be a risk of drowning as long as we have swimming pools” (Williamson, 2013b, p. 4). The argument that drowning in pools was ‘inevitable’ had been raised and refuted thirty years earlier, both in debates in the House and research (New Zealand House of Parliament, 1987; Pearn & Nixon, 1977).

The 2013 consultation document proposed a raft of changes to the Fencing of Swimming Pools Act, including removing any mandatory requirement to fence swimming pools, an online process for owners to confirm their home pool was fenced (rather than visits by regulators) and narrowing down the scope of the Act to allow the building of deep unfenced, bodies of water within gardens, as long as they were not used ‘primarily’ for swimming (Williamson, 2013b).

The consultation document received 392 submissions. Submitters were permitted to identify themselves only by predetermined categories, shown on the table below.

Table 3: Summary of submissions

Submitters	Number	%
Local councils	54	17
Safety groups	11	3
Pool industry representatives	52	15
Other professionals	29	8
Private individuals who own a pool	136	39
Private individuals who do not own a pool	63	18
Sub-total	345	100%
Not specified (no response to the question)	47	–
Total submissions	392	–

(Ministry of Business Innovation and Employment, 2013b, p. 7).

In an initial summary MBIE noted that although ‘safety groups’ made up only 3% (n=11) of submitters, they included the Royal New Zealand Plunket Society and the Paediatric Society of New Zealand, who have large memberships (Ministry of Business Innovation and Employment, 2013b). This description was one of the forced choices in the consultation and diminished the roles and standing of these organisations in a way that did not accurately reflect the numbers of their members, functions or status as legal entities.⁷⁴

Despite this acknowledgment, the associated Cabinet report disenfranchised and minimised the views of the members of those organisations, claiming safety ‘groups’ contributed only 3% of submitter input, in contrast to ‘private individuals who owned a pool’, who were said to be 39% of submitters (Ministry of Business Innovation and Employment, 2013b).

In November 2013 the Minister tabled three documents, a Consultation Summary, Regulatory Impact Statement (RIS) and Policy Proposal at the Cabinet Economic Growth and Infrastructure Committee. These documents included a raft of recommended changes to the pool fencing policy regime. Child safety, originally the main purpose of the original Act, was reduced to become only one part of the policy proposal. The Minister stated:

⁷⁴ The Starship Trauma Service is a service team within Starship Children’s Health; however, both Plunket and the Paediatric Society are legal entities and established organisations with large memberships. They would not usually be referred to as groups.

“I propose amending the Fencing of Swimming Pools Act 1897 (the Act) *to reduce the compliance burden the Act currently imposes on pool owners and Territorial Authorities* (councils), while maintaining child safety’ (Williamson, 2013a).⁷⁵

The Minister continued to reduce the standing and representation of submitters who were concerned about child safety. In the Policy Proposal tabled at Cabinet the Minister stated:

‘Some safety groups – Plunket, Paediatric Society and Starship Trauma Service - advocated restricting access to all water hazards outside the home that are dangerous to young children. While this approach could avoid an estimated four drownings every ten years, it would cost \$40 million (NPV) to apply the Act to all garden ponds” (Williamson, 2013a).⁷⁶

The Minister’s claim that these organisations made submissions to ‘...restrict access to all water hazards outside the home...’ was misleading. None of these submissions included any statements that could be interpreted in this way. The author of this thesis was involved in the preparation of the Starship Trauma Service submission (and is familiar with its content) and the other two are available online (Paediatric Society of New Zealand, 2013; Royal New Zealand Plunket Society (Inc), 2013). This statement stereotyped those organisations as unreasonable and inferred ‘safety groups’ made irresponsible financial demands in their responses to the consultation.⁷⁷

The Regulatory Impact Statement (RIS) also had notable shortcomings. First, it firmly stated there are “unknown quantities” of garden ponds, then ascribed a cost (\$40 million NPV) to their supposed fencing (Ministry of Business Innovation and Employment, 2013c). Next, it omitted any mention of the fiscal cost or social or personal impact of paediatric drowning

⁷⁵ Italics added for emphasis.

⁷⁶ ‘NPV’ refers to the term “Net Present Value”.

⁷⁷ The Plunket submission to this consultation is no longer the Plunket website, but should be available from MBIE on request under the Official Information Act (1982).

morbidity, substantially under-estimating the potential fiscal impact of the policy (Auckland Regional Public Health Service, 2015; Ministry of Business Innovation and Employment, 2013c).

The only technical advice on pool products referred to within the RIS (on automated sliding doors and pool alarms) was provided by the owner of the company distributing them and who had repeatedly emailed, called and met with the previous Minister during the years 2011 and 2012 (Ministry of Business Innovation and Employment, 2013c, p. 10).

Advocacy for child safety was minimised and misrepresented while business opinion was sought and referenced. This behaviour is consistent with Tenbensen's description of neoliberal political decision making:

(Neoliberal) "...models have been branded exclusionary, in that they seek to disenfranchise and exclude all but an elite of neo-liberal proponents from decision-making processes" (Tenbensen & Gauld, 2001, p. 39).

Tenbensen notes that proponents of neoliberal policy are principally concerned with economic freedom and performance, arguing that the economy should take precedence over all other considerations (Tenbensen & Gauld, 2001, p. 36). The Minister's focus on fiscal and economic issues was also evident in the 2013 consultation document, where in the foreword the Minister invited the public to "...balance child safety with reducing cost and providing efficiencies".

The minimisation of input from a child safety perspective is also evident within public service documents. Emails sent in 2013 and released under the Official Information Act appear to show an MBIE Senior Policy Advisor providing little time for policy colleagues in other agencies to read relevant documents, minimising their input. An email sent at 14:43pm on the 18th of September 2013 had three documents attached for discussion in a meeting scheduled for the next morning at 9:30am. When staff in the other agencies commented on the short time they were given to prepare for the meeting,

they were assured by MBIE officials that they ‘did not need to worry’ or read the documents. The email states:

“I don’t expect you to have read any of the documents before the meeting, because at the meeting I will brief you on the cabinet paper...See you tomorrow” (Ministry of Business Innovation and Employment (MBIE), 2013).

This email was provided under the requirements of an Official Information Act request and was provided without context and so may not be, as it appears, an attempt to manage or reduce opportunity for other agencies to fully contribute to this policy development.⁷⁸

Despite shortcomings in the RIS, the Minister was successful in gaining the Cabinet Committee’s permission for the policy proposal’s advancement to the status of a draft bill (Cabinet Economic Growth and Infrastructure Committee, 2013). This policy was moving forward.

Not all went smoothly for the Minister in other respects. In May 2014 he resigned and the portfolio was passed to a second National Party Minister, for whom MBIE prepared another briefing (Savage, 2014).

This was the second time in two years the Ministry of Business, Innovation and Employment (MBIE) had produced a Briefing for an Incoming Minister (BIM). The first was in 2013 (for Housing) and the second in 2014 for the new Minister (for Building and Housing).⁷⁹ Neither Briefing document mentioned the FOSP Act, or swimming pool drowning as an issue that required addressing, yet the new Minister continued with the legislative process for this policy (Ministry of Business Innovation and Employment, 2013a, 2014a). There is little research that examines how consistently the content of BIMS reflects current departmental work programmes or subsequent government policy.

⁷⁸ One research participant noted that public servants sometimes engage in ‘gaming the system’ to advance their ideas or proposals. See Page 77.

⁷⁹ This portfolio appears under two different names. In some instances, it is referred to as the Department of Building and Housing, on other occasions it is referred to as the Department of Building and Construction.

The new Minister continued to pursue the introduction of replacement legislation for the FOSP Act. A new Act, the Minister announced, would permit 'performance-based assessment' of swimming pool barriers and be more practical and flexible, while at the same time maintaining safety. Any requirement for spa pools to be inspected for safety would also be removed (Smith, 2015b).

The move to stop inspecting spa pools was described by the Ministry of Health's Chief Advisor, Child & Youth Health as likely to 'increase the risk' of children drowning. In November 2015 Dr Tuohy sent a strongly worded email:

"The Minister and MBIE should consider that they are at the same time introducing legislation around the fencing of swimming pools which may actually INCREASE their liability for children drowning or being brain damaged from near drowning" (Tuohy, 2015) (emphasis present in original email).

The Minister dismissed these concerns in press statements and correspondence (Smith, 2015a, 2015b, 2016a). An article in the business section of an online newspaper praised the changes, noting the cost of installing spa pool should be reduced because of the removal of any need for fencing or safety inspections (Jones, 2015).

In July 2015 a second RIS and Policy Paper on pool fencing were tabled at a Cabinet meeting. These documents sought permission to repeal the FOSP Act in its entirety and requested several technical changes to the original proposal, not related to child safety. All requests were agreed and the Cabinet Minute invited the Minister for Building and Housing to proceed with the Bill and issue drafting instructions to the Parliamentary Counsel Office (Cabinet Office, 2015).

In September 2015 the Building (Pool) Amendment Bill was introduced into the House for its first reading and referral to the Local Government and Environment Select Committee. One hundred and eighty-three written and thirty-one oral submissions were provided on this Bill. One hundred and fifty-

five of submissions (85%) opposed the proposed legislation either completely or in part, while 28 (15%) were supportive. Those who advised the government against adopting the new strategy for preventing child drowning included child health and water safety organisations, private individuals including the mother of child who had drowned in a swimming pool (Radio New Zealand, 2016); Auckland Regional Public Health Service (2015); Plunket (2015); Water Safety New Zealand (2015); the Paediatric Society of New Zealand (2015); and the Office of the Commissioner for Children (2015a).⁸⁰

Submissions supporting the legislative changes were provided from industry figures, and pool owner representatives, including a hot tub manufacturer, the Swimming Pool Builders Guild and the Pool Owners Action Group. Industry support centred on the capacity of the new rules to permit additional products and different pool designs. This was because the FOSP Act had provided one set of compliance requirements within its schedule. The Building Act (2004) differs because it added many other methods to achieve compliance to the Building Code. These are referred to as acceptable solutions, alternative solutions and waivers.

Some submissions, such as one from Auckland Council, supported parts of the Bill, such as the provisions for issuing fines to pool owners and increased powers of entry into homes. The Council also emphasised the need for spa pools to continue to be routinely checked for compliance because child proof covers are found to deteriorate over time and become noncompliant (Auckland Council, 2015).

“The (Auckland) Council’s view is that given the similar risks that spa pools, hot tubs and portable pools can pose for young children, the exclusion of those pools from the periodic inspection regime will not result in the best outcomes” (Auckland Council, 2015, p. 6: section 3.10.15).

⁸⁰ In emails circulated to Members of Parliament during 2015.

Conflicting messages were evident. In contrast to the concern expressed within Auckland Council's submission, Auckland Council's Manager for Building Compliance was at the same time quoted saying the law change to remove spa pools from fencing and inspections was a "long awaited step that has been requested by territorial authorities and the judiciary for many years" (Jones, 2015).

Lobbying continued during the passage of the Bill. In November 2015 an open letter from a pool industry representative supporting the Bill was circulated to Members of Parliament and other pool industry individuals. The letter again requested the removal of Territorial Authorities from pool fencing regulatory activity and the use of new technologies, such as pool alarms and covers. The author stated:

"Gentlemen, we in the pool industry have everything to be proud of and it is time, as an industry we all stand up and challenge the PC crap that our nation is currently bombarded with especially in regard to the evils of owning a home pool...." (Hole, 2015)

The Minister defended the Bill in the media and House of Parliament as being a more 'practical and pragmatic' approach to pool fencing that permitted greater flexibility, while maintaining child safety. The Minister claimed to have provided 'child safety' by the clause in the Bill that required all Councils to have an inspection regime, rather than 'take reasonable steps' to identify pools in their areas, as in the FOSP Act (New Zealand House of Parliament, 2015; Smith, 2015b). Comment from Councils about this was muted.⁸¹ Most Councils already operated regular inspection regimes and the exclusion of spa pools and hot tubs from any inspections meant the mandatory requirement for inspection was not necessarily an overall increase in regulatory activity.

The Select Committee Report and a revised version of the Bill were returned to the House in September 2016. Changes recommended by Government

⁸¹ An exception was Hamilton City Council who objected to mandatory inspections on the grounds of cost to the council and rate payers (Gardner, 2015).

MPs included shorter times for mandatory inspections (three yearly rather than five yearly), and provisions for introducing “Independent Pool Inspectors”, but otherwise leaving the same (lack of) safety provisions as previously. Because the Select Committee could not come to agreement, the Green and Labour Parties provided an alternative report with wide ranging changes (New Zealand Government, 2016b). This was ignored by the Minister.

Supplementary Order Papers (SOPs) are the last opportunity to change a Bill during its progress through the House. Three SOPs were tabled, one from the Minister that made changes related to regulatory powers for Local Government, one from the Labour Party with changes to the way doors could be latched closed, and a comprehensive SOP from the Green Party. The SOP tabled by the Minister was supported by the Government and its support parties (but not the Maori Party). SOPs tabled by Opposition Members were not. At the time it was passed, the law change generated only a small amount of critical media coverage and an article from the Minister defending the changes (M. Johnston, 2016b; Smith, 2015b).

On 28th of October 2016, the Bill was tabled in the House for its third and final reading. There were 73 votes in support and 43 votes against. It was supported by the NZ National Party (59 votes), Act (1), United Future (1) and New Zealand First (12). The Maori Party (2), Labour (29) and Green Party (14) voted against. The Building Pools Amendment Bill (2016) was passed.

Conflicting discourse, insider knowledge and oppositional frames

Consistent with the critical and normative orientation of this thesis, we can ask if there are lessons to be learned from this repeal of successful child injury prevention policy. Questions such as, why and how did swimming pool fencing policy come to the fore at that time? What factors led to health and water safety organisations and child safety experts becoming marginalised in legislation directly related to their area of expertise?

Views opposing pool fencing often include claims that small children are obedient, can be taught to prevent themselves from drowning at the same time they learn to walk and can be continuously supervised while they are in a home (Webber, 2016). Homes are also considered private spaces and it is expected that intrusions, despite good intentions, into that space will be limited. Rules requiring mandatory swimming and spa pool spa fencing are seen by some to intrude onto that privacy (Simpson, 2010).

Conflict and discontent about the regulatory process also persisted. Such opposition may have been fuelled in part by the Fending of Swimming Pools Act. It was perhaps the best (possibly only) policy option at the time it was introduced, but inspections were the responsibility of many and diverse individual regulators (councils). Central government politicians largely ignored threats to industry interests and recurring issues with Council enforcement practices. The standardisation of compliance requirements was left to voluntary collaboration by Councils and the philanthropy of private interests (Standards New Zealand, 2006).

Compliance responsibility was left almost entirely to private home owners and the policy created options for lengthy and expensive disputes processes, including litigation. Exemptions were being provided by local council politicians, and challenges to the regulators were happening on a frequent, if not daily basis (Ōrākei Local Board, 2014).

In response, individuals and groups who were focussed on removing mandatory pool fencing recruited politicians with a market focussed orientation to help 'fight the cause' against pool and spa fencing regulations, and against councils working as regulators. These individuals shared the everyday perspectives of those seeking fewer regulations and ways to achieve increased profit (and a living) from the swimming pool and spa industry. The interests of councils could also be served by reducing their regulatory burden. The politicians involved had insider access to legislative processes and were experienced political combatants. They were motivated to respond to the constituents who contacted them regularly and provided information. These constituents were provided with such a degree of access

and influence that officials identified them in government papers as ‘technical advisors’ (Ministry of Business Innovation and Employment, 2013c, p. 10).

In contrast, the Minister stated in the House he had met with “paediatricians and advocates for child safety” to discuss the Bill, but when asked for details of those meetings (under the Official Information Act) the request was declined on the basis the Minister met ‘so many hundreds of people’ during his work that no records were kept (Smith, 2016b).

During the 2000’s child health and water safety organisations framed the Fencing of Swimming Pools Act (1987) as a success that could be improved with more enforcement and regulation (Newman, 2015). These groups worked closely together across many child health issues and in the infrequent event of a drowning could present united messages in the media as ‘concerned child health professionals’. However effective this seemed as a strategy, the repeated use of the same messages and spokespersons set the scene for those collaborating organisations to become vulnerable to being stereotyped and marginalised (Ministry of Business Innovation and Employment, 2013c).

During the new Bill’s progress, there were few opportunities for interaction between MBIE, the industry, regulators, disgruntled pool owners and child safety organisations and little exchange of information. A submission from the Pool Owners Action Group to government characterised child health advocates as an unreasonable and intransigent opposition (Weikart, 2015).

During the drafting of policy documents, by either design or accident, MBIE appears to have given ACC and Ministry of Health staff even fewer opportunities (and less time) to become expert (or even familiar) with the details of their proposed swimming and spa pool compliance policy proposals (Ministry of Business Innovation and Employment (MBIE), 2013).

The eventual repeal of Fencing of Swimming Pools Act was ultimately determined by those opposed to the policy being more effective at justifying change and recruiting political insiders than those within the child safety

sector were at upholding the safety provisions. The dominant political (and Ministry) discourse became that the pool fencing compliance regime was no longer required in its entirety (drownings are now rare); fostered conflict; extracted undue economic cost and delivered repeated affront to the private property rights of multiple constituents (Smith, 2016c). The Building Pools Amendment Act (2016) was offered as the solution to these issues and opposition to it was framed as impractical and unreasonable.

Foucault warns of 'problematization' becoming 'polemics' where, (as Gray [2004] also describes) groups fail to adequately engage with those presenting opposing discourse, considering the persons confronted as "not a partner in search for the truth, but an adversary, an enemy who is wrong". Polemics, Foucault notes, denies the credibility of the opposition and is a corrosive force against achieving the best outcomes. Polemic debate is especially evident within the political realm (Foucault, 1984 in Rabinow, 1998).

The Fencing of Swimming Pools Act, and its success in preventing drowning had been widely acknowledged, and child safety advocates seemed to hold conviction of the rightness of their position. Despite their confidence, child safety advocates needed vigilance, engagement and to undertake deliberate actions that would prevent ongoing arguments opposed to the policy from becoming adopted politically.

Once the argument that many pool fencing safety measures were no longer required (such as garden pond fencing) had reached the political realm the dominant polemic became that the public would benefit from government repealing the existing pool fencing legislation and replacing it with an alternative policy.

To counter this, equally compelling objections from child safety advocates were required. Child safety advocates needed to convince the wider community of the unsuitability of the proposals, provide solutions other stakeholders accepted, recruit significant insiders and sway political decision makers against the proposed policy changes. This did not happen. Policy changes which reduced child safety were adopted.

The ‘status quo’ for pool fencing?

The government replaced successful standalone child safety legislation with a series of clauses within the Building Act that are acknowledged as providing less safety than the previous policy regime (Tuohy, 2015). Safety concerns with the new policy include:

- The removal of any requirement for pool fence gates and doors leading from within the house to the pool area to ‘latch’ closed.⁸²
- Garden ponds are no longer included, so deep and unfenced ponds can be built on private property, provided they are not ‘normally’ used for swimming.
- Spa pool and hot tubs no longer have any requirement for a fence and are excluded from any on-site safety inspections; and
- Spa pool and hot tub retailers are required to hand out safety leaflets at point of sale without evidence of the effectiveness of this approach for improving safety.

The effectiveness of the new legislation for reducing either child drowning, or property owner dissatisfaction is yet to be demonstrated.

⁸² It is noted that the ‘Acceptable Standard’ produced by MBIE in 2017 requires a latch. An Acceptable Standard is a detailed direction for compliance. It is unclear where this can be enforced without the provision being present in the Building Code Schedule to the Act (F9).

CHAPTER 9: DISCUSSION

This research set out to better understand the development and implementation of New Zealand's child safety policies. Several questions were asked. These included "who sets the government's child safety agenda, why are some projects adopted while others languish, how are resources obtained, what information is provided, do high profile events influence policy, and can common influences be identified through thematic analysis? While this research provided answers to these questions, more questions arose during the journey to answer them and the complexity around how and why governments respond to child safety policy issues became apparent.

Methodologies used were interviews and the presentation of a case study. The Foucauldian approach of exploring the detail of everyday actions and discourse was used. These were underpinned by the normative expectation that preventable child injuries are best avoided.

During the 1980s New Zealand's unintentional child injury rate was noted to be comparatively high amongst the OECD countries (The Board of Health Committee on Child Health, 1982). During the 1990s key barriers to the adoption of child injury prevention policies in New Zealand were attributed to a failure to prioritise child injury prevention, and the lack of available information and resources (Tuohy, 1999). Although some Government programmes were developed and implemented, concern was expressed that much of this effort was ineffectual (Langley, 2010). Despite such criticisms, there is clear evidence that in recent years child injury rates have been falling (Johnston, 2016a).

Answering the question about what information is provided to inform child safety policy was relatively straightforward. Injury prevention has traditionally included public health methodology which requires a step by step process that starts with the identification and explicit description of problems, their measurement, followed by the identification and testing of solutions, which must be implemented, and results recorded. This approach

has had many successes but has also been criticised for repeatedly failing to bridge the gap from evidence to policy and the publication of such research is not recognised as a definitive motivator for the introduction of government policy (Langley & Brenner, 2004; MacKay, Macpherson, Pike, Vincenten, & McClure, 2010; Mock, Peck, Peden, & Krug, 2008).

Research projects may be influential because they identify issues and their authors can promulgate discourse, but a single research project is usually insufficient to focus the government's agenda onto any specific public health or social issue. Moreover, caution must be exercised when academics attempt to deliver policy prescriptions to government, rather than reporting data as scientists. Such advocacy efforts can be counterproductive when they fail to take into account wider social trade-offs and accommodations politicians must make, thereby alienating decision makers (Gluckman, 2013; The Editor: The Lancet, 2011).

A simple cause and effect relationship is often ascribed to political awareness of an issue and the introduction of policy. This suggests that if politicians seek a governmental outcome, it happens. Although political leadership is necessary, is not usually enough on its own to ensure effective child injury programmes are delivered by government. Such attribution conflates the decisions of politicians and public servants, failing to acknowledge the complex jostling between politicians and public servants for sought after projects to be prioritised, the effect of outsider advocacy and the disruptive impact of electoral cycles (Chapman, 2007, 2015; Kingdon, 2003).

There was a research question about whether governments are prompted into policy development following tragedy. The answer is, prosaically, sometimes. The Pike River Mine disaster exemplifies how the loss of multiple lives resulted in major change to legislation (New Zealand Parliamentary Library, 2014). This is not always the case. Under the same system, many children drowned (though not in a single event) before the government passed and implemented policy that required home swimming pools to be fenced and it took almost thirty years for recommended child car

restraint law to be adopted (Appleton, 1983; Bridges, 2012; Gulliver et al., 2009; Local Bills Committee, 1983). Such differences highlight the scarcity of New Zealand research into the critical factors that make some policies and programmes more - or less - likely to be adopted, funded and implemented.

The last and most important question was whether themes about how and why policies are introduced by governments could be identified through a qualitative research process. This thesis identifies and explores the themes of power, funding, collaboration, perceptions of safety and supervision, and advocacy and lobbying.

This research draws attention to the importance of achieving widespread acceptance of issues and supports the observation that the broader the base of people involved in the development and sharing of evidence and desired hegemony, the more likely it is to be adopted by government insiders and political decision makers (Bugeja et al., 2011; Gluckman, 2011; Murdoch Children's Research Institute, 2017).

This research also draws attention to the complexities of government decision making and emphasises the need for child safety advocates to have 'insider' information about how and when government makes decisions. Kingdon's research showed there was no single place in which power resided in America's legislature. Moreover, Kingdon and other researchers identified that public servants are not neutral, apolitical agents who constrain themselves to delivering only projects determined by politicians (Hartley et al., 2013; Kingdon, 2003). Government insiders at all levels mobilise resources and establish programmes that operate outside of usual political decision-making processes.

Throughout this thesis, interview participants described the things they did that 'made a difference' for child injury prevention. Government employees discussed how resources were found (the road safety coordinator who ran a local poisoning prevention project), funding was provided (Ministry of Health managers who argued for the prioritisation of child injury prevention)

and how insider knowledge was used to advance child safety policy (the Crown Entity Advisor who arranged a meeting between expert researchers and government decision makers). When public sector employees enable the development of government funded child injury prevention programmes, this can be interpreted as an example of the expression of government power (Burchell et al., 1991; Hartley et al., 2013; Kingdon, 2003).

In contrast to traditional representations of power as the purview of rulers and leaders, this thesis highlights how the exercise of 'government power' at many levels has been important for the simple, pastoral, social good function of keeping children safe from accidental harm. Rather than power being entrenched within select social groups, 'power' (in the case of child injury prevention) can be seen as diffuse and characterised by individual action (Peterson & Bunton, 1997). This perspective is heartening, because instead of looking for expressions of power in the application of force, accumulation of wealth or behaviour of rulers, it suggests we can find the workings of power in the everyday occurrence of child injury prevention actions within family, society and government (Hindess, 2012).

Foucault asserted that within modern society power is dispersed through both society and government, a dynamic he described as governmentality (Burchell et al., 1991). Child safety policy provides a useful lens on the concept of governmentality because it incorporates both private and public spheres. Governmentality proposes there is a link between the traditional differentiation of self-governance (governance of one's own personal morality and spirituality), governance within the family (the parental⁸³ responsibility to keep order within the family) and governance of the state. The family and the modern state, flow from each other (Burchell et al., 1991; Lemke, 2000; P. Miller & Rose, 2009). Modern society, Foucault said, accepted government as an expression of paternalistic guidance, which Foucault suggested, "...ushered in the age of the government of 'life' and 'life processes'" (McHoul & Grace, 1998, p. 71). The modern state, Foucault

⁸³ To signal the historical and traditional context of this analysis we note that Foucault used the word 'patriarch' which is replaced.

pointed out, has become involved in the 'pastoral' training of individuals to conform to norms, shaping and guiding thinking and in caring and controlling their populace (Burchell et al., 1991, p. 3). One interview participant described his perception of the interrelationships and communications between community and government, describing them as a 'a constant weaving... a ballet dance between them all...' (see page 181) with neither government or community leading or dominating decision making.

Since its early days as a field of study, injury prevention leaders have recommended practitioners work collaboratively and build coalitions to deliver services and achieve objectives (Coggan & Gabites, 2007; MacKay & Vincenten, 2010; World Health Organisation, 2007). This advice is echoed across government agencies in other sectors, with collaboration cited as an important part of best practice public service delivery. An important feature of collaboration is that it creates a need for dialogue between groups and organisations, and the forging of agreements to work together, which in turn creates shared discourse and understandings (Erakovich et al., 2013; Majumdar, 2006; Marek, Brock, & Savla, 2015; Office of Controller and Auditor-General, 2003; R. Scott & Boyd, 2016).

Collaboration takes many forms and has important preconditions. Kania and Kramer's (2011) analysis of organisational collaboration describes types of collaboration and identified the importance of 'backbone' organisations, who financially support and sustain the work of other organisations. This research identified the Ministry of Health as an important 'backbone' organisation that funded multiple collaborative injury prevention programmes. Organisations that received Ministry funding often funded others, who in turn supported further groups (see appendix 3). Such 'backbone cascades' (hierarchies) of collaborative support were not identified by Kania and Kramer, nor have they been previously described or discussed by other scholars. They do, however, add another layer to the analysis here.

Collaborative injury prevention projects are often difficult to evaluate because they typically involve contributions from multiple partners and

deliver social outcomes over time periods longer than the original project. Other challenges arise when groups vary in their assessment of priorities, there are multiple and unclear objectives, and overlapping roles which create challenges for accountability. The failure and cessation of collaborative projects sets up the opportunity for government agency resistance to future projects.

Valuable and essential aspects of collaboration, such as framing and shared discourse can create challenges. In 2009 Shiffman noted the apparently idiosyncratic rise of health issues on the world stage and linked this to their successful public portrayal by organisations and institutions seeking resources for their eradication or management. This success required the consistent depiction and promotion of issues, referred to as 'frames'. When effective, these portrayals are adopted by governments and organisations who share discourse about them and can collaborate more effectively (Shiffman, 2009). Framing is increasingly used in politics and is perhaps most evident in the promotion of environmental issues, where the identification and widespread acceptance of issues (such as plastic bag pollution) has prompted policy change (Gray, 2004; Lakoff, 2014).

None-the-less the use of 'framing' is not always conducive to collaborative decision making. Gray (2004) looked at environmental discourse, or 'frames' used by environmental groups. Framing is often described as a social construct, or 'lens' stakeholders use to make sense of their issues and conflicts. This description is only partial, because it suggests passivity; a lens is simply a way of looking. Using the term 'identity frames' Gray described the dynamic growth of these frames through evolving group interaction. As individuals adopt and use terminology shared by the group, membership of the group becomes a powerful part of group members' self-identity. The stronger and more self-defining identity frames were (and the more they were reinforced by a group's process), the less likely it was those groups would successfully communicate or collaborate with groups who had opposing frames (Gray, 2004). In the case of pool fencing, the 'problem' of pool fencing was framed differently by different, equally strongly self-

identifying groups - those in support of more stringent pool safety regulation and those supportive of less. One group (the group supportive of less regulation) managed to recruit a powerful 'insider'. Their interpretation of the problem was accepted (albeit not by everyone) and prevailed. The issue moved into the political realm, where there was little communication between groups and no apparent attempt at resolution of opposing views. Whether such communication would have changed the outcome is uncertain (though previous inter-sectorial communication had been successful in developing a Pool Fencing Standard), but without communication between those groups, according to Gray, an agreed outcome was very unlikely and subsequently did not occur.

Political ideologies can also contribute to the rejection of child safety measures. The retrenchment of pool fencing policy illustrated how policy initiatives can be grounded in a politically driven motivation to promote business interests over other considerations. A range of mechanisms were used effectively by political and government insiders, which included negatively stereotyping and marginalising child safety practitioners, reframing the issues and providing increased standing and access to business over child health expertise.

Despite drives to promote acceptance of child injury prevention, advocacy for child injury prevention was described as a 'battle' by several interview participants. The topics of parenting and the supervision of children evoke strong opinions. Interview participants reported hostility and challenge during interactions revolving around adults caring for children in playgrounds. Governments are accused of being a 'nanny state' for requiring safety standards. Conversely, when a child is injured, especially if the injury was fatal or life threatening and preventable, there are often public expressions of moral outrage, blame and accusations of neglect (Hymel, 2006; Thomas et al., 2016). Such accusations can also become personal. One participant reported being called a 'Safety Nazi' when he was speaking at a playground design seminar, another recalled a parent challenging them

with “Are you saying I am a bad parent?” during a discussion about the supervision of children at a beach.

Origins of the battle may lie within parts of the injury prevention discourse. Safety is often measured with positivist methodology, by counting injury or trauma that leads to hospitalisation or death and noting how it is reduced through safety measures.⁸⁴ The measurement of injury in this way suggests safety can be reified, considered a thing that has quantity and substance. When there are more admissions for trauma, there has been less safety, the more safety present, then there is ‘less’ of something else, such as unsafe behaviour, or excitement or risk or adventure. This is enmeshed in debates about whether all injuries should be prevented, or just some, or most. Such debates usually skirt the issue of the heterogeneity of injury circumstances and diversity of consequences. Such debates routinely avoid discussing the difference between promoting circumstances that might result in a child having a minor injury (such as a grazed knee) as opposed to permitting circumstances that might result in a child’s avoidable, unnecessary death.

In contrast to the common perception of child safety (injury prevention) as being restrictive and precautionary, the public health orientation within the sector focuses on encouraging children to be active and participate in new experiences (such as enjoying water environments) while staying safe and how much (or what) injury is acceptable are topics discussed cautiously (Peden et al., 2008). Bruises and scratches and most types of broken bones can be considered a normal part of growing up. Risk taking is part of healthy development and injury prevention and child education literature often debate the issue of exposing children to risk while keeping them safe. In practice, injury prevention practitioners struggle to identify the most acceptable and effective ways of advising parents of ‘all the things they would prefer to know about’. Achieving a balance between providing useful information without appearing overly intrusive or vague and judgemental is a constant challenge for injury prevention practitioners (Brussoni et al.,

⁸⁴ It is also measured by how people feel, and their belief about how safe they are.

2014; Campbell & Cowley, 2015; Green, 1997; Johnston & Ebel, 2013; Mack, Sogolow, Strouse, & Lipman, 2008; O'Neill, 2016).

Injury prevention academics have responded to this challenge by focussing on positivist deconstruction of the supervision circumstances between child and caregiver. At the same time, they describe and codify the outcome (impact) of trauma on the human body, then deduce antecedents and consequences (Haddon Jr, 1968; B. Johnston, 2016). There is an underlying normative value of creating a safer world and a desire to project this value and its accompanying methodology widely, so that both the positivist approach to the science of injury prevention and a safety culture can be achieved.

Sociology describes and explores risk differently. In a sociological sense “risk” is a socially constructed phenomenon that characterises modernity (Beck, 1992a, 1992b; Green, 1999). Risk, in this context is a social construction of control and anxiety, of unstated manipulation. Beneath the surface of this analysis is the normative value of ‘freedom from control and surveillance’. Governmentality adds to the anxiety in that there is intrusion and control of our everyday, private lives. Surveillance and ‘big data’ are the ‘panopticon’ of modern society. Yet the panopticon is without morality, it simply exists. Injury prevention practitioners, on the other hand, selectively collect and present data, coupling this with the careful framing of issues to create a moral imperative for government to prevent child injury.

The moral imperative to enact injury prevention strategies affects the personal realm. One interview participant hypothesized a relationship between the severity of an adverse outcome, government action and personal control, wherein government intervention was considered more acceptable when there was a higher level of risk and more severe consequences (page 163).

This draws attention to the ideas of ‘control’, ‘risk’ and ‘consequence’ as motivating factors for either rejecting or accepting government injury prevention initiatives. It also highlights the interest that government has in

the population accepting (and welcoming) the provision of injury prevention programmes.

This thesis links child injury prevention to governmentality and highlights the importance of child safety discourse becoming hegemonic. The stakes are high. Modern government is engaged in pastoral care, and if child injury prevention is an expression of government power, then rejection of government's imperatives for its population to care for children and avoid their harm, would be a rejection not just of the politicians currently in power, but of government itself.

The failure of child injury prevention advocates to manage oppositional discourse and work collaboratively across government and community groups creates a situation where government insiders might shift commitment away from child injury prevention. This analysis suggests that without government support for child injury prevention programmes, community support is also likely to falter, creating a feedback loop where, just as in the 1980s, those who continue to support child safety will no longer be able to access information or prioritise resources for the development of government injury prevention policy or programmes.

CHAPTER 10: CONSIDERATIONS AND CONCLUSION

Ultimately, most child injury prevention policy and safety interventions are delivered through a wide range of government funded projects and programmes. Reduced rates of preventable injury signal this strategy has, to the present time, been a success. That success has been achieved by political and community leadership, and by government insiders who, supported by injury prevention advocacy, have provided resources for injury prevention programmes and contracts which have promoted collaboration between groups, organisations and agencies. Such programmes are validated by positivist scientific method, while at the same time seeking to embed child safety discourse and behaviours as a dominant hegemony within New Zealand society.

Limitations of the research methodology within this thesis were discussed briefly in the methods chapter and are revisited here. Thematic analysis and purposive sampling (of both interview participants and the case study) are subject to the introduction of bias, which was managed primarily through an explicit values statement (page 13) and challenges throughout the supervisory and examination processes. Undisclosed bias remains due to the deliberate anonymising of interview participants (page 51). It is possible that different findings may arise if the same questions were asked of a group with different demographic or social features. This is another research topic.

A second bias is that purposive sampling and narrative interpretation might direct the researcher to self-evident, banal findings. For example, interview participants disclosed how important government is for the delivery of child injury prevention programmes, which is unsurprising as most were government employees. This is an acknowledged limitation, but participants were chosen for this research because they were known (by the researcher) to have supported child injury prevention and were identified as best placed to provide insights into government decision making. This thesis was about government decision making. The research also identified other elements important to the decision-making process, such as insiders and outsiders, the challenges of collaboration and the counterproductive nature of

polemics. Despite these limitations, this thesis provides a starting place for further research into New Zealand child safety.

Research into the drivers behind government's development of child safety policy is essential. There cannot be a simple assumption that within the complexity of government, insiders will always be able to prioritise preventing avoidable harm to children. Discourse within government changes and ideologies which promote other outcomes are championed as more pressing priorities. Safety laws can be repealed, programmes abandoned, and funds reallocated (Bland et al., 2011; Bowman & Aitken, 2010; Shepherd et al., 2013; World Health Organisation (WHO), 2007). Much like the advancement of the rights of women and minorities to participate fully in society, constant effort is required to avoid regression.

Non-government organisations, groups and individuals provide important leadership in their roles as government outsiders who advocate to influence government and promote safety practices, so they become embedded as social norms. It is not a simple task to influence governments, nor can it be simply achieved. It is a complex, collaborative and often opportunistic process on which outsiders have relied in order to gain government support to deliver child safety programmes and messages.

The value of collaboration within the child safety sector is emphasised, yet collaboration is difficult for governments to measure and can be disadvantageous when child safety groups become inward looking and disconnected from the wider discourse. Oppositional discourse to child injury prevention also emerges from the community and can be effective for influencing a retrenchment of government safety policy. The effectiveness of child injury prevention researchers, practitioners and advocates in recognising and managing the influence of such discourse is pivotal to the continued involvement of government in child injury prevention.

Child injury prevention practitioners

Injury prevention practitioners are essential as advocates who raise the public profile of child injury prevention. Practitioners participate in public

discourse about child injury, engage with government to request injury prevention projects and programmes, and deliver programmes. They need to be both well versed in the positivist, evidence-based practices of injury prevention research and at the same time be an integral part of their communities, cognisant of prevailing attitudes to risk and safety.

There is growing awareness of the importance of public discourse and how health issues are framed within public debate. Recognition of the importance of establishing and maintaining a hegemony that supports a safety culture, and recognition that narratives can become hostile to safety measures, suggests child safety practitioners may benefit from greater access to training in framing communication and social media skills.

This thesis drew attention to child injury prevention leadership from within the child health sector. This included leadership by paediatricians, Ministry of Health staff, ACC and injury prevention practitioners who, through their relationships and opportunities frequently achieved the framing and prioritisation of child injury, generating wider public discourse on child injury prevention issues. Yet there is little training in this area. Effective advocacy requires being aware of the incidence and causation of injury, social norms related to these and the importance and vulnerability of effective leadership.

This thesis makes no pretence to being a 'how to guide' for advocacy and lobbying. Such publications as do exist include lists of 'step by step actions' for those setting out to change a policy or influence government decision makers (Chapman, 2007; Friedlaender & Winston, 2004; Young, 2003), others are in-depth descriptions of the working of government and policy processes (Chen, 2012; Miller, 2010). These publications are useful and enlightening, but insufficient for fully understanding the factors that might come into play when government is considering (or determinedly not considering) either changing legislation or funding a programme and this thesis points to the myriad factors that might be relevant in such a context.

The next section provides recommendations for further research.

Further research

Child injury prevention practitioners are dependent upon the continued involvement of researchers who are expert in injury epidemiology and aetiology and who can generate and publish information that raises and maintains the profile of child injury issues.

There is little research about the 'backbone' organisations identified in this thesis. Further, the identification of cascades of collaborative backbone organisations suggest a new avenue for further research to determine the extent and operation of such arrangements, and their efficacy.

Government briefing documents (such as BIMs) are important ways that issues arise on government agenda. There is little or no research showing relationships between issues identified within such reports and government programmes. Neither is there research that demonstrates the degree to which BIMs are evidence based (i.e. the result of systematic scoping and collation of independent research) or descriptions of existing work programmes, which have been determined through internal processes and whether that impacts on child injury prevention.

There is also a scarcity of research into injury prevention advocacy and lobbying at its government coal face. There is no research about whether different strategies are required for either advocating for legislative change or for the adoption of particular programmes. The elements that constitute effective advocacy for child safety, the effectiveness of making submissions and the value of petitioning New Zealand decision makers, are largely unresearched.

It is not clear how consistently government agencies respond to different political ideologies when developing advice or prioritising issues for the government executive. For example, a review of policies and processes that reflect prioritisation of business interests over safety within government could provide greater understanding of the dynamics implied within the case study.

Further research might be useful to explore whether discourse about the economic value of preventing unintentional child injuries is confined to academic literature and whether (and/or how) this impacts upon child injury prevention programme funding. The impact of increasing requirements for government agencies to demonstrate business cases for programmes and the relationship of these to moral arguments are also opportunities for research and commentary.

Child injury prevention has been grounded in the positivist, traditionally male dominated world of medical science and statistical analyses. While essential components of injury prevention, they do not necessarily present a holistic accounting of the field. What might a feminist analysis of policies, power and governmentality provide to the current body of knowledge?

Conclusion

Last, but not least this research has looked at who sets the child injury prevention agenda, identifying the importance of government insiders and community-based advocacy. This research did not explore what motivated those individuals to become involved and a major question is whether those motivations will persist and be enough to normalise child safety practices as an accepted part of the dominant hegemony, within both government and the community, securing child injury prevention efforts into the future.

Achieving best practice child safety as hegemony will help to anchor child injury prevention within government and ensure gains made over the past thirty years are maintained and built upon, so that New Zealand children are given the best opportunity to grow up free from preventable harm.

Appendices

Appendix 1: Briefings for Incoming Ministers (BIMs) ⁸⁵

Date	Ministry of Health BIMs	Child safety/injury prevention
1984 General Election	Barker RA, Director General of Health, <u>General Briefing Notes for the Minister of Health: Post Election Briefing: Overview of Health Policy</u> Wellington. Department of Health New Zealand, July (1984) (Dept. Health Report Page 6)	✓
1987 General Election	Salmond G, Director General of Health. <u>General Briefing Notes for the Minister of Health</u> Department of Health. Wellington August 1987	X
1989 New Minister of Health	Salmond G, Director General of Health. <u>Briefing Notes for the Minister of Health</u> Department of Health. Wellington January 1989	X
1990 General Election	Director General of Health. <u>The department and the health sector today</u> Department of Health. Wellington October 1990	✓
1992 Health Service restructure	Crown Health Enterprise Advisory Committee.	X
1993 General Election	Ministry of Health. 1993. <u>Post-Election Briefing: Strategic Issues in the Health Sector Volume one and Volume two</u> Wellington: Ministry of Health. Published in November 1993 Plus, the Public Health Commission At this time the Public Health Commission was created as a standalone public health agency and provided strategic advice for the Minister of Health. This noted child injury prevention as a public health issue.	✓
1996 General Election	Ministry of Health Information Centre. 1996 Crown	

⁸⁵ <http://www.elections.org.nz/events/past-events/general-elections-1853-2014-dates-and-turnout>

Date	Ministry of Health BIMs	Child safety/injury prevention
		X
	Health Enterprises: Briefing to the Incoming Minister Crown Company Monitoring Unit. Published 11 October 1996 Ministry of Health Wellington.	
1999 General Election	Health Funding Authority. <u>Briefing Papers for the Minister of Health</u> Wellington 1999. The Health Funding Authority was separate to what were referred to as 'provider arms' of health service delivery.	✓
2002 General Election	Ministry of Health. <u>Doing Better for New Zealanders: Better health, Better participation, Reduced inequalities</u> . Published August 2002 Ministry of Health PO Box 5013, Wellington, New Zealand ISBN 0-478-25521-7 (Book) ISBN 0-478-25522-5 (Internet)	✓
2005 General Election	Ministry of Health. <u>Health and Participation: An active agenda: Advice to the incoming Minister of Health</u> . Wellington: Ministry of Health. Published in October 2005 ISBN 0-478-29679-7 (Internet)	✓
2008 General Election	Ministry of Health. <u>Briefing for the incoming Minister of Health</u> Published in 2008	X
2011 General Election	Ministry of Health. <u>Briefing to the Incoming Minister of Health</u> . Wellington: Ministry of Health. Published in February 2012 ISBN 978-0-478-37389-9 (online) HP 5450	✓
2014 General Election	Ministry of Health. <u>Briefing to the Incoming Minister 2014</u> . Wellington: Ministry of Health. Published November 2014 by the Ministry of Health ISBN 978 0 478 44455-1 (online)	X

Appendix 2: Ministry of Health Injury Prevention Contracts

Contracted Party/ Organisation	Type of organisation	Title of contract	Brief description of services
Financial Year 2005/6			
Injury Prevention Network Aotearoa New Zealand Incorporated IPNANZ	Non-Government Organisation	Injury Prevention Network	Providing network for injury prevention sector across New Zealand Delivering workforce development project, 'The Foundation Certificate in Injury Prevention, Te Aho Tapu' (commenced on 1 July 2009 ceased on 30 June 2012)
Auckland DHB	Crown Entity - District Health Board	Regional Public Health Services	An integrated approach to injury prevention and support of the regional/local Injury Prevention/Safe Communities coalitions whether WHO accredited or not.
Auckland Transport	Crown Owned Company	Regional Road Safety	Fund Regional Road Safety Co-ordinator in Auckland Region
Auckland Transport	Crown Owned Company	Walking School Bus – Counties Manukau	Walking School Bus in Auckland Region, including Counties Manukau area
Auckland UniServices Limited	Crown Owned Company	Injury and Information Resource Unit	National injury prevention information services
Auckland University of Technology	Crown Owned Company	Co-ordinating and Training of Practice Nurse to deliver the Otago Education Programme	Co-ordination and Training of Practice Nurses to deliver the Otago Exercise Programme (a falls prevention programme for older people)
Kahungunu Health Services Charitable Trust	Non-Government Organisation	Safe Environments for Whanau	General Community Injury Prevention Programme targeting tamariki, including child car/booster seat rental/buy scheme, for the people of Kahungunu (Hastings area)
Northland DHB	Crown Entity - District Health Board	Regional Public Health Services	An integrated approach to injury prevention and support of the regional/local Injury Prevention/Safe Communities coalitions whether WHO accredited or not.
Taranaki DHB	Crown Entity - District Health Board	New Plymouth District Injury Needs Assessment	Injury prevention needs assessment in the New Plymouth district
Te Hauora o Ngati Haua Trust	Non-Government Organisation	Health Promotion (including Community Injury Prevention Programme)	General Community Injury Prevention Programme, targeting people of Te Hauora o Ngati Haua (Injury Prevention is part of integrated contract)

Contracted Party/ Organisation	Type of organisation	Title of contract	Brief description of services
Te Hauora O Turanganui A Kiwa Limited	Non-Government Organisation	Community Injury Prevention Programme	General Community Injury Prevention Programme targeting people of Te Hauora O Turanganui A Kiwa (Injury Prevention is part of integrated contract)
Te Runanganui o Ngati Porou	Non-Government Organisation	National Rangatahi Maori Physical Activity Programme & Community Injury Prevention Programme	General Community Injury Prevention Programme targetting people of Te Runanganui o Ngati Porou, including child car/booster seat rental/buy scheme (Injury Prevention is part of integrated contract)
Te Taiwhenua o Heretaunga Trust	Non-Government Organisation	Safe Environment for Whanau	General Community Injury Prevention Programme targeting people of Te Taiwhenua o Heretaunga, including child car/booster seat rental/buy scheme (Injury Prevention is part of integrated contract)
The Tuhoe Matauranga Trust	Non-Government Organisation	Community Injury Prevention and Community Action on Youth and Drugs – CAYAD	General Community Injury Prevention Programme targeting people of Tuhoe (Injury Prevention is part of integrated contract)
University of Otago	Crown Entity	Injury Prevention Research Unit (Provision of Injury Statistics)	National service for provision and promotion of Injury statistics to the general public and injury prevention sector
University of Otago – National Poisons Centre	Crown Entity	Poison Advice Services	National 24/7 poison advice service to the general public and medical professionals.
Wellbeing North Canterbury Community Trust	Non-Government Organisation	Safer Schools	Safer Schools programme promoting injury prevention messages, strategies and programmes within selected schools located in North Canterbury
Waitakere City Council (service continued under Auckland Council)	Local Authority	Safe Waitakere Community Injury Prevention (SWIP)	General Community Injury Prevention Programme (intentional and unintentional) and maintenance of WHO Safe Communities accreditation in the former Waitakere City
Hapai Te Hauora Tapui Ltd	Non-Government Organisation	Maori Health Promotion (multiple services including injury prevention)	Integrated Health Promotion, including injury prevention targeting Māori in the Auckland Public Health District (includes sub-contracting arrangements) (Injury Prevention is part of integrated contract)

Contracted Party/ Organisation	Type of organisation	Title of contract	Brief description of services
South Canterbury DHB	Crown Entity - District Health Board	Stay on your Feet Falls Prevention Programme for Older People	Falls prevention for the elderly – 'Stay On Your Feet programme'
University of Otago - National Poisons Centre	Crown Entity University	Health Promotion Agreement National Poisons Centre – Dunedin	National service to provide resources and information on poisons, poisonous plants, first aid and prevention of poisonings and conduct a needs analysis on the feasibility of developing a website. Develop and promote poison prevention initiatives as per WHO Guidelines for poisons control and identify which communities are most in need of poison prevention initiatives
Sandra James Services	Non-Government Organisation	Injury Prevention	National service to improve collaboration and co-ordination of injury prevention performance at community, regional and national levels in line with the 10 objectives of the NZ Injury Prevention Strategy
The Pacific Island Safety and Prevention Project Incorporated	Non-Government Organisation	Pacific Island Child Car Restraint Promotion and Interpersonal Violence Prevention	Pacific Island Safety and Prevention Project – Child Car Restraint Promotion
Financial Year 2006/07 (ongoing contracts are not re-listed)			
Bay of Plenty DHB	Crown Entity - District Health Board	Core Public Health Services	An integrated approach to injury prevention and support of the regional/local Injury Prevention/Safe Communities coalitions whether WHO accredited or not.
Canterbury DHB	Crown Entity - District Health Board	Public Health Services	An integrated approach to injury prevention and support of the regional/local Injury Prevention/Safe Communities coalitions whether WHO accredited or not.
Eastbay Rural Education Activities (REAP) Incorporated	Non-Government Organisation	Safe Kawerau Community Injury Prevention Project	General Community Injury Prevention Programme in Kawerau area and including child car/booster seat rental/buy scheme
Hawke's Bay DHB	Crown Entity - District Health Board	Public Health Services	An integrated approach to injury prevention and support of the regional/local Injury Prevention/Safe Communities coalitions whether WHO accredited or not.
Health Sponsorship Council	Crown Entity	Public Health Programmes	National Bike Wise Programme to assist in reducing the incidence of cycling related injuries and fatalities amongst 8 – 12 year old cyclists

Contracted Party/ Organisation	Type of organisation	Title of contract	Brief description of services
Hutt DHB t/a Hutt Valley DHB	Crown Entity - District Health Board	Public Health Services	An integrated approach to injury prevention and support of the regional/local Injury Prevention/Safe Communities coalitions whether WHO accredited or not.
Maraeroa Marae Association Inc	Non-Government Organisation	Injury Prevention – Car Seat Loan Scheme and Tamariki Safety Promotion	General Community Injury Prevention Programme targeting tamariki in wider Porirua, including child car/booster seat rental/buy scheme
MidCentral DHB	Crown Entity - District Health Board	Public Health Services	An integrated approach to injury prevention and support of the regional/local Injury Prevention/Safe Communities coalitions whether WHO accredited or not.
Nelson Marlborough DHB	Crown Entity - District Health Board	Public Health Services	An integrated approach to injury prevention and support of the regional/local Injury Prevention/Safe Communities coalitions whether WHO accredited or not
Ngati Hine Health Trust Board	Non-Government Organisation	Community Injury Prevention Programme	General Community Injury Prevention Programme based on the World Health Organisation Safe Communities model in the Te Tai Tokerau area (Injury Prevention is part of integrated contract)
Otago DHB (service continued under Southern DHB)	Crown Entity - District Health Board	Public Health Services	An integrated approach to injury prevention and support of the regional/local Injury Prevention/Safe Communities coalitions whether WHO accredited or not.
Tairāwhiti DHB	Crown Entity - District Health Board	Public Health Services	An integrated approach to injury prevention and support of the regional/local Injury Prevention/Safe Communities coalitions whether WHO accredited or not.
Taranaki DHB	Crown Entity - District Health Board	Public Health Services – Multi-service (including injury prevention)	Preventing childhood poisonings from medicines (Injury Prevention is part of integrated contract).
Taranaki DHB	Crown Entity - District Health Board	Public Health Services	An integrated approach to injury prevention and support of the regional/local Injury Prevention/Safe Communities coalitions whether WHO accredited or not.
Te Runanga O Kirikiriroa Charitable Trust	Non-Government Organisation	Health Promotion	General Community Injury Prevention Programme targeting people of Te Runanga O Kirikiriroa (Injury Prevention is part of integrated contract)
Tuwharetoa Health Services Limited	Non-Government Organisation	Health Promotion Services (including community injury prevention programme)	General Community Injury Prevention Programme targeting people of Tuwharetoa

Contracted Party/ Organisation	Type of organisation	Title of contract	Brief description of services
Waikato Burn Support Charitable Trust	Non-Government Organisation	Burn Prevention Programme for At Risk Children	Burns prevention programme delivered to schools in Waikato, King Country and Thames Valley
Waikato DHB	Crown Entity - District Health Board	Public Health Services	An integrated approach to injury prevention and support of the regional/local Injury Prevention/Safe Communities coalitions whether WHO accredited or not.
Whanganui DHB	Crown Entity - District Health Board	Public Health Services	An integrated approach to injury prevention and support of the regional/local Injury Prevention/Safe Communities coalitions whether WHO accredited or not.
Te Maru o Ruahine Trust	Non-Government Organisation	Injury Prevention Analysis	Providing the Ministry of Health with analysis of the unintentional injury prevention needs of the Whanganui DHB
Accident Compensation Corporation	Crown Entity	Falls Research Co-funding	Co-funding research for falls prevention in older people
Auckland City Council	Local Authority	Auckland City Community Injury Prevention Programme and Glen Innes Health Project	General Community Injury Prevention Programme (intentional and Unintentional), based on the World Health Organisation Safe Communities model in Auckland City area
Auckland DHB	Crown Entity - District Health Board	National Injury Prevention Services for Children 0-14 years (known as Safekids Aotearoa)	National Unintentional Injury Prevention Services for Children 0-14 years
Tui Ora Limited	Non-Government Organisation	Maori Injury Needs Assessment	Identifying injury prevention issues and service gaps through consultation with Māori in Taranaki
Age Concern North Shore Incorporated (service continued under Safer North Community Trust)	Non-Government Organisation	ShoreSafe	Community Injury Prevention Programme for North Shore
Financial Year 2007/08			
Auckland University of Technology	Crown Entity	Co-ordination and Training of Practice Nurses to deliver the Otago Education Programme	Co-ordination and Training of Practice Nurses to deliver the Otago Exercise Programme (a falls prevention programme for older people)

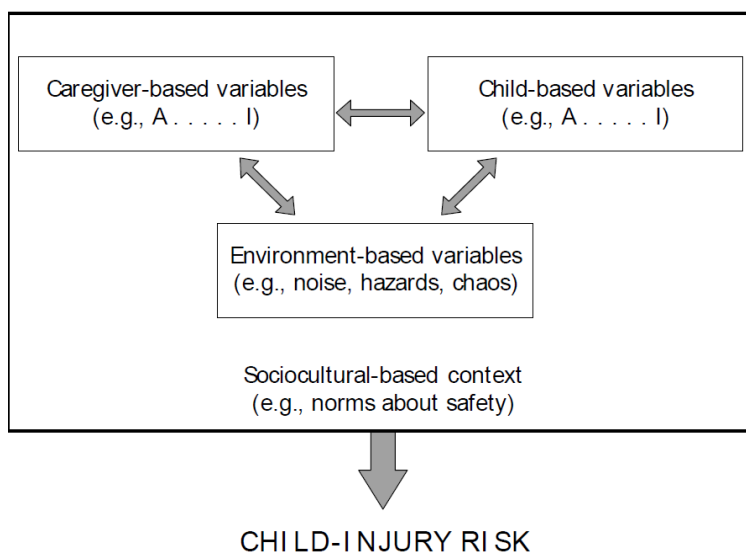
Contracted Party/ Organisation	Type of organisation	Title of contract	Brief description of services
Kahungunu Executive Ki Te Wairoa Charitable Trust	Non-Government Organisation	Safe Environments for Whanau – Wairoa District	General Community Injury Prevention Programme, including child car/booster seat rental/buy scheme for the people of Kahungunu in the Wairoa area
NZ Transport Agency	Crown Entity	Bikewise Project	National service to encourage and promote cycling and cycle safety through the national Bike Wise programme
Te Runanga o Toa Rangatira Incorporated	Non-Government Organisation	Community Injury Prevention Programme	General Community Injury Prevention Programme in wider Te Tahī Bay area, including child car/booster seat rental/buy scheme
Waimakariri District Council	Local Authority	Injury Prevention Waimakariri	General Community Injury Prevention Programme (intentional and unintentional) and maintenance of WHO Safe Communities accreditation
Christchurch City Council	Local Authority	Safe Communities Conference Sponsorship	Ministry of Health sponsorship of WHO Safe Communities Conference 2008, Christchurch
Christchurch City Council	Local Authority	Christchurch Injury Prevention Coordinator	General Community Injury Prevention Programme (intentional and unintentional) and maintenance of WHO Safe Communities accreditation
Whanganui DHB	District Health Board	Whanganui Regional Injury Prevention Programme (Safe Environments for Whanau)	Whanganui Regional Injury Prevention Programme
Litmus Limited	Non-Government Organisation	Evaluation of Injury Prevention Workforce Development Project	Evaluation of Injury Prevention Network Aotearoa New Zealand Injury Prevention Workforce Development Project
Financial Year 2008/09			
Manukau City Council	Local Authority	IFCM/Healthy Cities and HPS	General Community Injury Prevention Programme (intentional and unintentional), based on the World Health Organisation Safe Communities model in Counties Manukau area (Injury Prevention is part of integrated contract)
Safe Communities Foundation New Zealand	Non-Government Organisation	Safe Communities Foundation NZ Certifying and Support Centre for Safe Communities	National Certifying and Support Centre for World Health Organization (WHO) Safe Communities

Contracted Party/ Organisation	Type of organisation	Title of contract	Brief description of services
Financial Year 2009/10			
Tui Ora Limited	Non-Government Organisation	Health Promotion Services (including community injury prevention)	General Community Injury Prevention Programme targeting people of Tui Ora
Financial Year 2010/11			
Age Concern Otago Incorporated	Non-Government Organisation	Falls Prevention	Falls prevention for the elderly – ‘Steady As You Go’ programme
Southern DHB	District Health Board	Public Health Services	An integrated approach to injury prevention and support of the regional/local Injury Prevention/Safe Communities coalitions whether WHO accredited or not. (Previously Otago DHB)
Australia New Zealand Falls Prevention Society	Non-Government Organisation	Contribution to Australia NZ Falls Prevention Conference, Dunedin, 21-23 November 2010	Ministry of Health contribution to Australia NZ Falls Prevention Conference, Dunedin
Financial Year 2011/12			
Auckland Council	Local Authority	Social Environment Services (including Injury Prevention)	General Community Injury Prevention Programme (intentional and unintentional), based on the World Health Organisation Safe Communities model in Auckland Council area and working towards WHO Safe Communities accreditation for the former Auckland City and Manukau City. (Previously Auckland, Manukau, Waitakere and North Shore City Councils)
Safer North Community Trust	Non-Government Organisation	Community Injury Prevention Programme – Shoresafe	General Community Injury Prevention Programme for the people of Auckland's North Shore and Hibiscus Coast, including assisting to maintain World Health Organisation Safe Communities accreditation for North Shore (Previously Age Concern North Shore Incorporated)

Appendix 3: Supervision factors deconstructed

Factors in supervision:

- A. = Attitudes (e.g. towards safety gear)
- B. = Behaviours (e.g. risk taking)
- C. = Cognitions (e.g. vulnerability for injury)
- D. = Distractibility
- E. = Expectation for self and others (e.g. regarding behaviour, injuries etc.)
- F. = Feelings (e.g. excited, fearful, depressive state)
- G. = Goals (immediate, long term) (e.g. do what is convenient)
- H. = Hazard awareness (perception of risk)
- I. = Individual's traits (personality, temperament)



Reference: Morrongiello, B (2005) Caregiver supervision and child injury risk: 1. Issues in defining and measuring supervision; 11. Findings and directions for future research. *Journal of Paediatric Psychology* 30(7), 536-552

Appendix 4: MBIE Swimming and spa pool Determinations 2002-16

(Ministry of Business Innovation and Employment, 2018b)

Determination Number	Who applied	Description	Outcome
2002/10	owners vs TA	Lockable cover as a safety barrier for spa	Declined Does not comply
2003/06	owners vs TA	Sliding and sliding folding doors	Complies - not directly onto pool
2005/124	owners vs TA	Consent requested for direct access doors	Declined - Doors do not comply
2005/125	TA vs Owners	Consent requested for direct access doors	Declined - Doors do not comply
2006/16	owners vs TA	Consent requested for direct access doors	Declined - Doors do not comply
2006/022	owners vs TA	Consent requested for direct access doors	Declined - Doors do not comply
2006/081	owners vs TA	Consent requested for direct access doors	Declined - Doors do not comply
2006/103	owners vs TA	reapplication for 2005/125	Declined - Doors do not comply
2007/076	owners vs TA	Consent requested for direct access doors	Declined - Doors do not comply
2007/079	owners vs TA	Consent requested for direct access doors	Declined - Doors do not comply
2007/87	owners vs TA	Request for pool cover and alarm instead of fence	Declined - Does do not comply
2007/95	owners vs TA	application to add trees declined	agreed - permit landscaping
2008/103	owners vs TA	Consent requested for self-closing / latching direct access doors	Complies - doors suitably restricted

Determination Number	Who applied	Description	Outcome
2008/123	owners vs TA	building in pool area with doors	Complies - doors suitably restricted
2009/076	owners vs TA	Consent requested for direct access doors	Declined - Doors do not comply
2010/014	owners vs TA	Unique design safety Barriers	Complies
2010/035	owners vs TA	Notice to fix for safety barriers / owners failed to put up fence	Notice to fix upheld
2010/036	owners vs TA	Doors opening directly onto pool	Declined - Doors do not comply
2010/085	owners vs TA	safety from falling from infinity edge	Complies - complex solution
2010/097	owners vs TA	Doors opening directly onto pool	Declined - Does do not comply
2010/098	owners vs TA	Garden inside pool area	Declined - Does do not comply
2010/104	owners vs TA	Garden inside pool area	Declined - Does do not comply
2010/119	owners vs TA	Use of a cover as barrier to swimming pool	Declined - Does do not comply
2011/013	owners vs TA	Barriers do not comply	Declined - Does do not comply
2011/ 071	owners vs TA	Doors opening into pool area / Building code performance	Agreed - permit doors
2011/111	owners vs TA	stairs being part of the barrier	Declined does not comply
2011/112	owners vs TA	pool gate opening inwards	Declined does not comply

Determination Number	Who applied	Description	Outcome
2012/037	owners vs TA	Notice to Fix pool barrier	Agreed - revoke notice to fix
2012/052	TA vs Owner	Code compliance re pool barrier	Compliance agreed
2015/012	owners vs TA	compliance of pool barriers - self closing sliding doors	Compliance agreed
2015/037	owners vs TA	compliance of pool barriers - self closing sliding doors	Declined - do not comply
2015/039	owners vs TA	Notice to fix pool barriers	Application upheld
2015/053	owners vs TA	Compliance of barriers	Declined - does not comply
2016/044	owners vs TA	Changing house within pool area	Declined - does not comply

Appendix 5: Chronology of activities to prevent toddler drowning:

Acknowledgement: Personal Communication from Dr I Hassall

Year	Action/Event
1975	Petition to have all private swimming pools fenced signed by 800 people and delivered to Parliament: (Callagher & 800 others, 1975)
1976	Statistics show a peak of 11 drownings of under 5 year old children in private pools for the year: <i>Atkins J, Laugesen M. Drownings of young children in New Zealand 1973 – 1981. Management Services Research Unit, Department of Health (Unpublished). Wellington, 1982</i>
1978	New Zealand Water Safety Council (NZWSC) begins publishing monthly drowning surveys
1979	Local Government Amendment Act passed to permit all Councils to pass a Pool Fencing By-Law (New Zealand Government, 1979)
1979	Standards Association of New Zealand (SANZ) published an example of a local authority pool fencing By-law. This 'model' By-law allowed property perimeter fencing as an alternative to the enclosure of the pool area: <i>Standards Association of New Zealand. Model General Bylaws: Chapter 21: Restriction of access to private swimming pools. NZS 9201: 1979. SANZ. Wellington, 1979.</i>
1981	New Zealand Water Safety Council (NZWSC) statistics show new peak of 17 drownings of children younger than 4 years of age, in private swimming pools, for the year.
1982 March	New Zealand Water Safety Council (NZWSC) convenes representative forum to plan strategies. Plunket and Health (Department Board of Committee on Child Health) table background papers identifying home swimming pool drowning as a major factor in child death for children younger than aged four: <i>Hassall IB, Under five year olds drowning in private swimming pools. Plunket Society (Unpublished). Auckland, 1982.</i> <i>Board of Health Committee on Child Health and Child Health services in New Zealand: Board of Health Report Series No 31 Wellington, New Zealand.</i>
1982	New Zealand Water Safety Council (NZWSC), Plunket, Parent Centres, Ministry of Health and their allies conduct a campaign involving publicity; education; research and lobbying to promote fencing swimming pools to a safe standard. Locally, countrywide, Plunket groups lobby local authorities to adopt pool fencing. The Spa & Pool Association (representative organisation for swimming pool retailers) and a number of pool owners and their allies conducted an opposing campaign.

Year	Action/Event
1982	John Terris MP for Western Hutt: Introduces Private Member's Bill, 'Fencing of Swimming Pools Bill' into Parliament. National Party Government opposed to action but their Parliamentary majority of one neutralised by Ruth Richardson crossing the floor.
1982 December	Parliament: Directed the Local Bills Committee to undertake an inquiry into the progress being made by local authorities in introducing fencing by-laws
1982 December	New Zealand Water Safety Council (NZWSC) publish 'Facts & Fallacies', making a case for the fencing of private swimming pools and advising local authorities on safety measures: <i>New Zealand Water Safety Council. Facts and fallacies: The case for the fencing of private swimming pools: A practical guide for local authorities.</i> NZWSC. Wellington, 1982.
1983	Plunket publish a guide to swimming pool fencing including advertisements from providers of fences and gates: <i>Royal New Zealand Plunket Society. The Plunket Society guide to: Fencing of domestic swimming pools.</i> Plunket Society. Dunedin, 1983.
1983	<p>Parliament receives the Local Bills Committee Report. This report includes 27 recommendations to prevent the continuing death of children in home swimming pools. These recommendations include the following:</p> <ol style="list-style-type: none"> 1. Private swimming pools are a major cause of accidental death of preschool children and are second only to motor vehicle accidents in this regard. 2. Reliance on education alone would achieve very little in reducing the number of preschool drownings. 3. The principle recommendation is that all councils which have not adopted a provision specifically requiring the fencing of private swimming pools should adopt by-laws for this purpose as soon as possible. 4. Following the tabling of this report it (the Local Bills Committee) be directed to continue its enquiry into progress being made by territorial authorities in the introduction of by-laws dealing with the fencing of swimming pools. <p><i>Local Bill Committee (1983) report on the fencing of private swimming pools. Laid on the Table of the House of Representatives Wellington New Zealand Government Printer.</i></p>
1984	Standards Association of New Zealand publishes a new model by-law requiring enclosure of pool: <i>Standards Association of New Zealand. Model General Bylaws: Chapter 21: Restriction of access to private swimming pools NZS 9201: 1984.</i> SANZ. Wellington, 1984.
1984 November	Prime Minister the Rt Hon Robert Muldoon (National) calls snap election and dissolves New Zealand's 40 th Parliament, setting the scene for the election of the first term of the 4 th Labour Government.

Year	Action/Event
1985	New Zealand Water Safety Council (NZWSC) publishes 'Home pools are fun: A guide to swimming pool health and safety', in collaboration with health and safety organisations and the swimming pool industry: <i>New Zealand Water Safety Council. Home pools are fun: A guide to swimming pool health and safety. NZWSC. Wellington, 1985.</i>
1986	John Terris MP Western Hutt (Labour) re-introduces a Private Member's Bill to fence home swimming pools into Parliament. Bill sent to Select Committee. Further round of submissions.
1987	Parliament enacts 'Fencing of Swimming Pools Act 1987' by 31 votes for Aye to 20 votes against: <i>Reference: Hansards vol. 482 1987</i>
1989	The New Zealand Police undertake the first successful prosecution of a pool owner for negligence resulting in death: <i>Dominion Newspaper, 1/11/1989: \$1000 fine in first pool death case. NZPA</i>
1989	Ministry of Health adopts a reduction of pre-school drownings in private pools as a health outcome target. <i>Personal Communication Dr I Hassall</i>
1990 October	Department of Internal Affairs publishes 'Guidelines for territorial authorities on the Fencing of Swimming Pools Act 1987': <i>Department of Internal Affairs. Guidelines for territorial authorities on the Fencing of Swimming Pools Act 1987. Ministry of Internal Affairs. Wellington, 1990.</i>
1991	New Zealand's 43 rd Parliament (National) passes the Building Act 1991: <i>NZ Government. Building Act 1991. 4th Schedule, pp108-109. NZ Govt. Wellington, 1991.</i>
1991	Sharp drop in drowning rate reported by the Ministry of Health: <i>Ministry of Health. Progress on health outcome targets: The state of the public health in New Zealand 1997, pp 80-87. Ministry of Health. Wellington, 1997.</i>
1991 September	Child Accident Prevention Foundation of New Zealand (CAPFNZ) Undertake survey of local authorities: <i>Stupples P. Survey of local authorities on the Fencing of Swimming Pools Act 1987. Child Accident Prevention Foundation of New Zealand. Dunedin, 1991.</i>
1991 September	Child Accident Prevention Foundation of New Zealand (CAPFNZ), the Accident Compensation Corporation (ACC), Health Research Council of NZ (HRC) together hold national childhood injury prevention forum, Wellington. <i>Hassall IB. The epidemiology and prevention of drowning (Unpublished). A paper given at the annual meeting of the American Academy of Pediatrics. San Fransisco, 1992</i>

Year	Action/Event
1992	Drowning rate reported at 0.7/100,000 age specific, i.e. two drownings
1992	Parliament passes Building Regulations (Building Code) which supersedes the Fencing of Swimming Pools Act but continues its effect: <i>New Zealand Government. Building Regulations 1992 (The Building Code), Clause F4. NZ Govt. Wellington, 1992.</i>
1993 February	Building Industry Association clarifies scope of the Building Regulations (Building Code) in relation to swimming pools. Regulations amended accordingly <i>New Zealand Government. Building Amendment Act 1993. NZ Govt. Wellington, 1993.</i> <i>Anon. Swimming pool fencing. BIA News: Building Industry Authority Publication: 1993; 20:4</i>
1994	Parliament Amends Building Regulations to cover ranch sliders, closing loophole in the 1987 Act and conforming to modern ideal of ‘isolation’ enclosure of a swimming pool. <i>Anon. Closing the door on pool access. BIA News Building Industry Authority Publication 1994; 33:3-4. : NZ Government. The Building Regulations 1992, Amendment No. 1. NZ Govt. Wellington, 1994.</i>
1995 December	New Zealand Water Safety Council (NZWSC) Convene a ‘Fencing of Swimming Pools Consultative Group’
1996	California State Legislature enacts AB 3305 – State legislation requiring mandatory isolation enclosure of newly installed or altered pools. Overseas developments can have an important influence in NZ.
1997	New Zealand Water Safety Council (NZWSC) commissions ‘Survey of local authorities on compliance and enforcement’ that showed at that time there were 59,000 private pools and only 9% of local authorities had a process for checking compliance with the Fencing of Swimming Pools Act. This meant the compliance status was unknown for up to one third of all pools. Of those pools that were checked, 44% of pools were compliant, 4% were granted exemptions and 19% did not comply. The report concluded “Due to ambiguities within the legislation, and differing levels of commitment by authorities to locate pools and monitor compliance, compliance with the FoSP Act is not consistent nationally. If the Act were less ambiguous, there would be greater consistency and more enforcement” <i>Morrison, L., Chalmers, D. J., Langley, J. D., Alsop, J. C., & McBean, C. (1999). Achieving compliance with pool fencing legislation in New Zealand: a survey of regulatory authorities. Injury Prevention, 5(2), 114-118 (Page 114)</i>
1999	Solicitor-General (Rt Hon Douglas Graham, National Party MP) reduces a manslaughter charge against Auckland pool owners to ‘creating a criminal nuisance’

Year	Action/Event
	<p><i>Bodger S. Pool fencing rules hitting wall of resistance. Laws whittling back drownings. NZ Herald, 29/5/99, A10.</i></p> <p><i>Catalogue of oversights in pool fatality. NZ Herald, 20/6/99, A5.</i></p>
1999	<p>High Court Convicts pool owners. Rejects Auckland City Council appeal</p> <p><i>Griffin P. Court signals tougher line on pool rules. NZ Herald, 24/9/99, A11.</i></p>
1999	<p>Safekids New Zealand, supported by Water Safety New Zealand (formally the Water Safety Council) focuses on drowning prevention as the subject of a national Kidsafe Week campaign using the tag line “Keeping Kids Safe Near Water”. The focus for the campaign was on hot water burn prevention and promoting swimming lessons: <i>Safekids Newsletter: 4th March 1999</i></p> <p>http://www.safekids.nz/Portals/0/Documents/Safekids%20News/2008%20&%20Older/1999SafekidsNewsMarch.pdf Accessed 13/11/2016</p>
1999	<p>Department of Internal Affairs Releases Guidelines for Territorial Authorities on the Fencing of Swimming Pools Act 1987 Ref: Accessed 17/11/2016</p> <p>http://www.mbie.govt.nz/info-services/building-construction/safety-quality/documents-and-images-library/fencing-swimming-pools/pool-guide.pdf (Department of Internal Affairs (DIA), 1999)</p>
2000	<p>Local Government New Zealand Annual General Meeting calls for the ‘Fencing of Swimming Pools’ law to be made more readily enforceable. The meeting rejects revocation call by some members (personal communication Dr Ian Hassall).</p>
2000	<p>Accident Compensation Corporation: Settles with parents with apology for enforcement shortcomings: <i>English P. Cash and vow in pool-death deal. NZ Herald, 24/9/2000, A5.</i></p>
2001	<p>Central Property Press – Auckland Real Estate publicity magazine includes front page glossy picture of expensive home that features pool and isolation fencing</p> <p><i>The Central Property Press. 22/2/01, p1. Liberty Press Ltd. Auckland.</i></p>
2002/3 and onwards	<p>Hamilton City Council created the “Your Pool -Your Responsibility” campaign with associated publicity. This campaign was well received and was later provided to Auckland Territorial Authorities and Water Safe Auckland for delivery across the Auckland Region.</p>
2003	<p>Accident Compensation Corporation Minister (Hon Ruth Dyson MP – Labour) releases the National Injury Prevention Strategy which includes drowning prevention among priorities. Based on this initiative, the Drowning Prevention Strategy is developed and released in 2005.</p>

Year	Action/Event
	<i>Ref. Accident Compensation Corporation: New Zealand Injury Prevention Strategy. 2003</i>
2004	Pool owners prosecuted by Council and seek broader definition of pool area. <i>Ref Thompson W. Pool safety issue has owners sputtering: NZ Herald 16/04/2004</i>
2004	Pool Owners Action Group formed in Waitakere City to object to enforcement processes undertaken by Waitakere City REF http://nzpoag.blogspot.co.nz/p/need-for-change.html <i>Accessed 19/11/2016</i>
2003/4	Water Safe Auckland worked in collaboration with ACC and Auckland Council commence “Your Pool Your Responsibility campaign in Auckland Region. Initially started in Hamilton City This programme was first delivered in the Auckland Region in the 2003 and 2004 summer, and then repeated. The Auckland Regional “Pool Safety Group” is also started at this time, Ref: <i>Watersafe Auckland Inc. Pool Safety Project Report to ACC June 2005.Unpublished report. Personal Communication</i>
2004	Waitakere City Council Seeks declaratory judgment on the definition of the immediate pool area. <i>Ref: Thompson W. Council bans tables and chairs by swimming pools. NZ Herald, 16/4/04, A3.</i>
2004	High Court: Judgement defines 'immediate pool area' and proposes alignment of access provisions of FOSP Act and Building Code <i>Ref: Waitakere City Council v Hickman, Hickman. Judgement of Randerson J. High Court of New Zealand: CIV 2003-404-7266. 2 August 2004.</i>
2006	Dept Building and Housing take over the administration of FOSP Act from the Department of Internal Affairs: <i>Ref: Addendum to “Guidelines for Territorial Authorities on the Fencing of Swimming Pools Act 1987” Accessed 17/11/2016</i> http://www.mbie.govt.nz/info-services/building-construction/safety-quality/documents-and-images-library/fencing-swimming-pools/pool-guide-addendum.pdf
2005 August	Accident Compensation Corporation (ACC) releases the “Drowning Prevention Strategy: Towards a Watersafe New Zealand 2005-2015”. This strategy document identifies children drowning in home swimming pools as an important cause of mortality and seeks partnerships with pool owners and the pool building industry.
2006	Standards New Zealand convenes a cross sector Standards Committee and publishes a new reference standard with directions for the fencing of swimming pools and spas: <i>Ref: Standards New Zealand. (2006) NZS 8500:2006. Safety barriers and fences around swimming pools, spas and hot tubs. Wellington: Standards New Zealand.</i>

Year	Action/Event
2007	Water Safety New Zealand (WSNZ) publishes replication of 1997 survey of local government agencies to determine the activities in relation to the FOSP Act. Compliance up from 43% to 71%. Re-inspection programmes up from 30% of Territorial Authorities to 66%: <i>Ref: Gulliver, P., Chalmers, D., Cousins, K. (2007) Survey of local authorities regarding compliance with and enforcement of the Fencing of Swimming Pools Act 1987: A replication. Injury Prevention Research Unit, University of Otago, Dunedin.</i>
2008 March	Department of Building and Housing (DBH) release a discussion document on the Fencing of Swimming Pools Act called "Evaluation of the Fencing of Swimming Pools Act 1987": This document lists ten issues with the Act that include low public awareness, differing interpretations of the requirements of the Act by local councils, difficulties with territorial authority record keeping and restrictions of Local Authority powers to enforce the Act. WSNZ, Safekids, Plunket, Watersafe Auckland submit to the discussion document. <i>New Zealand Government. (2008) Swimming pool fencing laws to be reviewed. Retrieved March 31, 2008 from http://www.scoop.co.nz/stories/PA0803/S00502.htm</i>
2008	General Election voted in New Zealand's 49 th Parliament with a change of government and National Party majority.
2009	As part of a Regulatory Review Programme, the Minister for Building and Housing directs the Department to report to the Minister of Finance, Minister for Regulatory Reform on 'clarifying' the requirements for swimming and spa pool fencing under the FOSP Act. <i>Ref: Personal Communication from Dr I Hassall: Department of Building & Housing (2009) Draft memo. Proposal to clarify the amendments to the Fencing of Swimming Pools Act 1987. Wellington: Department of Building & Housing.</i>
2009	The Child & Youth Mortality Review Committee's Fifth Report to the Minister of Health (2009) noted that there is variable checking of swimming pool compliance, a lack of ongoing maintenance of pool fences and a lack of education for pool owners and users <i>Ref: Child and Youth Mortality Review Committee, Te Ropu Arotake Auau Mate o te Hunga Tamariki, Taiohi: Fifth report to the Minister of Health: Reporting mortality 2002 - 2008. (page 21) Wellington, Child and Youth Mortality Review Committee: 2009</i>
2009 December	Auckland City Councillor (aligned to the National Party government) proposes that the Auckland Council City Development Committee petition the government to change the requirement for spa pool fences moved a motion to remove the need for fencing spa pools in the Auckland Council boundaries and cease Auckland Council's enforcement of spa pool fencing. The Motion was passed. <i>Ref Scoop News "Auckland City Spa Pool Fencing Rules change" Monday 7 Dec</i> http://www.scoop.co.nz/stories/AK0912/S00086.htm accessed 14/11/2016

Year	Action/Event
2010 January	Auckland City Council adopts the Fencing of Swimming Pool Standard NZS 8500:2006 and requests government change the Standard to permit lockable covers instead of fences for spa pools. <i>Ref: Media Release from Auckland Council reported in Standards New Zealand Touchstone Magazine: Accessed on 14/11/2016 from https://www.standards.govt.nz/touchstone/business/2010/jan/auckland-city-council-adopts-new-spa-pool-fencing-rule</i>
2010	Paediatric Society of New Zealand publishes 'Position Statement' on "The provision of Swimming Pool Fencing" on its website. Paper silent on spa pool fences and lockable covers. <i>Accessed on 15/11/2016 at http://www.paediatrics.org.nz/files/2010/Pool%20Fencing%20Final.pdf</i>
2010 to 2013 – possibly ongoing	<p>Auckland business owner sending monthly and weekly emails to the Minister for Building and Construction (and other Ministers, Mayors, City Councillors, senior local government officials and others in the swimming pool building industry).</p> <p>Emails indicate ongoing meetings and phone calls are occurring between the Minister and business owner. Emails request a law change that will remove local government from pool fencing enforcement; the introduction of door alarms as a safety feature and the removal of latches and bolts from doors opening onto the pool area. Email thanks Minister for instructing MBIE staff to work with him, accept his technical advice and include him on meetings.</p> <p><i>REF Unpublished documents released in 2014 under the provisions of the Official Information Act 1982.</i></p>
2013 January	Ministry of Business Innovation and Employment meets with other government agencies about consultation document. <i>Ref: Unpublished documents (emails) released under Official Information Act 1982.</i>
2013 March	"Making Pool Fencing Easier": Minister for Building and Housing (National Party) releases consultation document on pool fencing. Summary of submissions reported back November 2015. 3% of submissions were described as coming from 'safety groups' (Ministry of Business Innovation and Employment, 2013b).
2013 March	Ministry Business Innovation and Employment circulate draft pool fencing Bill to other government agencies for Departmental comment. <i>Reference: Documents released under the Official Information Act 1982</i>
2013 20 th November	Cabinet Economic Growth and Infrastructure Committee minutes the acceptance of Department of Building and Construction documents and agreement to amend the Building Code. Documents include a Regulatory Impact Statement (RIS) for Fencing of Swimming Pools Act 1987 and Policy Proposals document. <i>Accessed from:</i>

Year	Action/Event
	http://www.mbie.govt.nz/info-services/building-construction/safety-quality/review-of-the-fencing-of-swimming-pools
2014 January	Local newspaper reporter interviews Minister of Building and Housing together with spa pool owner about spa pool changes "Spa pool owners welcome rule changes" Accessed 17/11/2016 http://www.stuff.co.nz/auckland/local-news/central-leader/9641629/Spa-pool-owners-welcome-rule-changes
2014 May	Minister for Building and Construction (Hon Maurice Williamson) who was sponsoring Building (Pools) Amendment Bill resigns from all portfolios due to a 'significant error of judgement' (A Young, NZ Herald May 1 2014 "Williamson's 'significant error of Judgement' accessed 19/11/2014 http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=11247618)
	National Government Minister Hon Dr Nick Smith becomes Minister for Building and Housing and continues policy programme.
2015 May	Local Government New Zealand (LGNZ) submits to the Rules Reduction Taskforce requesting spa pools with lockable lids not require fencing and minor decisions can be delegated to Council Officers. Ref: Local Govt NZ: Rules Reduction Task Force Submission 2015 Accessed 17/11/2016: http://www.lgnz.co.nz/home/our-work/submissions/rules-reduction-taskforce
2015 August	Cabinet Minutes: Second Regulatory Impact Statement and Policy papers presented to Cabinet. Motion sought to amend earlier Cabinet Committee decisions re-Building Pools Amendment Bill. Reference: URL Accessed 17/11/2016 http://www.mbie.govt.nz/publications-research/publications/building-and-construction/cabinet-minute-15-26-5-modifications-to-fencing-of-swimming-pools-decisions.pdf
2015 September	Ministry of Business Innovation and Employment releases Departmental Disclosure Statement found online: Ref: Unpublished document Accessed and downloaded 20 th September 2015 URL not found in 2016
2015 November	Building (Pools) Amendment Bill 2016 Tabled in the House – referred to Select Committee for submissions: Ref accessed 17/11/2016 http://www.mbie.govt.nz/info-services/building-construction/safety-quality/review-of-the-fencing-of-swimming-pools

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2015 November	Pool industry representatives continue to lobby MPs "Open letter to Pool Industry". Water safety and child health organisations and individuals also lobby government. Media story states "Spa pool industry is celebrating". <i>Reference: "Hot Pools could get cheaper to install after law changes" Nov 2015 Rob Stock Stuff Business</i> http://www.stuff.co.nz/business/money/74271293/Hot-pools-could-get-cheaper-to-install-after-law-changes accessed 17/11/2016
2015 November	The majority of select committee submissions are opposed to the changes in the Bill. Chief Coroner, child health community, water safety community, Auckland Regional Public Health (representing three District Health Boards) Commissioner for children all express concern in media and in submissions. <i>"Govt cops criticism after rules relaxed for swimming pools" October 2015</i> http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=11732921 <i>"Fury at changes to pool laws" Nov 2015 NZ Herald Accessed 17/11/2016</i> http://m.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=11538213 <i>"Swimming pool changes 'reckless' NZ Herald Feb 2016 Accessed 17/11/2016</i> http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=11593313
2016 May	Select Committee Report Tabled: The Bill is referred for Committee Debate Stages: Hansards
2016	Bill debated during its passage through the House: Labour and Greens each submit Supplementary Order Papers on improving safety: Minister for Building and Housing submits SOP on independently qualified pool inspectors
2016 October	Building (Pools) Amendment Bill 2016 read a third time. Ayes: 73 National 59, New Zealand First 12; Act New Zealand 1 United future 1 Noes: 45 New Zealand Labour 29; Green Party 14; Maori Party 2 Building (Pools) Amendment Act provided with Royal Assent 28 th October 2016
2016 November	Ministry of Business Innovation and Employment begins consultation on the Acceptable Standard, warning labels for spa pool covers and Independently Qualified Pool Inspectors and Acceptable Solutions.

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